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ABSTRACT

Presented is the final report of a demonstration project in Child Advocacy operated in a rural area of a large suburban county. A discussion of the project's history focuses on such topics as the formation of an interagency task force for emotionally disturbed youth, funding possibilities, needs assessment, and the introduction of a local family service program. Use of the systems approach in the program is described and evaluated, and application of the approach towards development of programs for emotionally disturbed children, child care, and therapeutic services is detailed. Among major project accomplishments reported are the establishment of two early childhood programs (day care centers), two nonprofit citizen corporations (health services and child care), a ministerial association, and a proposal for a community resources center for children and adolescents. Summarized are the perceptions of target area residents and agency personnel regarding the external and internal accomplishments of the Child Advocacy project. Eight final recommendations are listed including the need for sharing of responsibilities among agencies and with parents. Appendixes include a child advocacy system flow model and a prospectus for a community resources center for children and youth. (LS)

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FINAL REPORT

Child Advocacy Program

EA 008 956

Final Report

Project No. H0059SJ
Grant No. OEG-0-71-4485 (607)

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WORKING TOGETHER FOR CHILDREN: A NEIGHBORHOOD ADVOCACY SYSTEM

June 1975

U. S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

GRANT - Office of Education

Bureau of Education for the Handicapped
National Institute of Mental Health
Rehabilitation Services Administration

Abstract

This demonstration project in Child Advocacy operated in a rural area of a large suburban county. While conducted by the county's school system, the project was characterized by interagency and community involvement. The program employed a six-step systems approach model to planning and decision-making. This model was addressed to the needs of children in the target area and the county over a four-year period. A project director, child advocate, secretary, and six paraprofessional aides comprised the staff which was involved in activities such as data gathering, research regarding alternative strategies, community liaison and outreach, proposal design and writing, negotiation of agreements/commitments, and management of strategy implementation. A Child Advocacy Council was the major forum for interagency and community involvement. Systems and evaluation consultation was used in support of the project, providing technical assistance, training, and evaluation of the systems model, application (process), and the programs, services and activities (products) which were the results of this approach.

As its major accomplishments, the Child Advocacy Program was successful in establishing the following: two early childhood programs (day care centers), two nonprofit citizen corporations (health services and child care), a ministerial association, a new counseling service, a part-time medical services program, a county-level interagency screening committee for emotionally disturbed children, and a model proposal (soon to be implemented) for a community resources center for children and adolescents (this includes a day and residential psychoeducational treatment center, a program of intensive intervention for children "vulnerable" to emotional problems, an alternative education program for disruptive junior high students, and a vocational education program).

From the perspective of the community, participating agencies, the staff, and the consultants, this project has demonstrated its effectiveness and its credibility in this community and has promise for its applicability in other community settings.

Final Report

Project No. H0059SJ
Grant No. OEG-0-71-4485 (607)

"Working Together for Children: A Neighborhood Advocacy System"

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June 1975

The research reported herein was performed pursuant to a grant with the Office of Education, U. S. Department of Health, Education, and Welfare. Contractors undertaking such projects under Government sponsorship are encouraged to express freely their professional judgment in the conduct of the project. Points of view or opinions stated do not, therefore, necessarily represent official Office of Education position or policy.

U. S. DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE

Office of Education

Bureau of Education for the Handicapped
National Institute of Mental Health
Rehabilitation Services Administration

Preface

The Joint Commission on Mental Health of Children in 1970 concluded that every child should have an advocate. In response to this, the Bureau of Education for the Handicapped (BEH), the National Institute of Mental Health (NIMH), and the Rehabilitation Services Administration (RSA) jointly funded six advocacy programs in the country. One of those selected was the Prince George's County Board of Education's school-based model.

The model designed was a six-step interagency systems approach. Demonstration of this model was conducted to develop, improve, and implement programs for children in a neighborhood community as well as on a county level.

After four years of operation in a rural community, a number of "products" have resulted from the use of the model. Also, as a planning process, this model has the promise of being useful in other communities and in response to a wider range of needs and problems.

This final report has been prepared for submission to the granting agencies (Bureau of Education for the Handicapped, National Institute of Mental Health, and the Rehabilitation Services Administration) and the Prince George's County Board of Education which sponsored the program.

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A - Child Advocacy Systems Flow Model

B - The Cheltenham Project: Prospectus for a Community Resources Center for Children and Youth

C - Dissemination Requests

D - Letters Regarding Continuation

E - Child Advocacy Management Survey

Chapter I

Introduction: History of the Project

Interagency Committee

In January of 1969, the Prince George's County Commissioners formed the Interagency Task Force for Emotionally Disturbed Youth. The establishment of this Task Force was the result of a recommendation to the County Commissioners by the Mental Health Advisory Committee. As conceived at that time, the Task Force was to be a planning group which would review the needs of children and youth with behavioral and emotional problems and would promote the development of appropriate services. Such planning was determined to be essential because of the large numbers of children residing in the county, the difficulties in developing and providing services for children, and the priorities in the need for services.

Once organized, the Task Force members became aware of the need for even broader and more comprehensive planning. The following points include the views of the Task Force members regarding the purpose of this interagency planning group for chidren's mental health.

1. All children have the right to receive care and treatment for problems which they are experiencing.

2. As often as possible, this care should be provided in a way which maintains children within their normal social setting.

3. Agencies which provide care and service to children must cooperate and work together in order (a) to provide continuous care, (b) that there are no gaps in services (i.e., there should not be any children with apparent needs who are not receiving help); and (c) that children of all ages should receive service.

4. Different agencies and subgroups within agencies serve children of different ages; therefore, collaboration should be both age and problem focused.

5. The provision of services and care should be based upon actual needs whenever possible rather than just logical estimations of the types of services needed.

6. Cooperation among child-serving agencies must involve much more than discussion and sharing of ideas; there must be a real commitment (a) to measuring the needs of children within the county, (b) to work together to develop interrelated plans, and (c) to evaluate the effectiveness and efficiency of existing programs in terms of their impact upon needs.

7. There should be a considerable emphasis on prevention of mental health problems within the "normal community"; attempts should be made to gain a better understanding of the many communities and groups within the county in order (a) to make use of those aspects

of social living which promote the development of mentally healthy children, and (b) to bring about change in situations (circumstances, activities, etc.) which tend to create problems.

8. There should be involvement of consumers (parents, citizens, youth) of mental health services in such planning efforts.

Proposal Development

In the fall of 1970, the Task Force was contacted regarding the development of a proposal which might serve as an innovative model of child advocacy. These proposals were being solicited by a joint committee of the Bureau of Education for the Handicapped and the National Institute of Mental Health. The congressionally appointed Joint Commission on Mental Health of Children had recently made the following major recommendations:

1. Comprehensive services which will ensure the maintenance of health and mental health of children and youth.

2. A broad range of remedial mental health services for the seriously disturbed, juvenile delinquents, mentally retarded, and otherwise handicapped children and their families.

3. The development of an advocacy system at every level of government to ensure the effective implementation of these desired goals.

The Joint Commission stated that "the now poorly coordinated services which are fitted to the needs of professionals must be reworked into a coordinated network of services based on the total needs of the child as he develops from conception to adulthood". They felt that the child deserves an advocate to represent him and his needs to the society in which he lives, an advocate who will insist that programs and services based on sound child development knowledge be available to every child. The development of such a proposal was appealing to the Task Force because the scope and the emphasis of this concept (child advocacy) was very close to the role toward which the Task Force was moving.

Since the Task Force itself could not function as a receiving agency for federal funds, it was necessary to submit the child advocacy proposal through one of the agencies in the county. Arrangements were made to do this through the Board of Education; in effect, the Task Force was co-sponsoring the proposal with the Board of Education. The proposal, entitled "Working Together for Children: A Neighborhood Advocacy System," was submitted in February of 1971 and approved for funding in June 1971. It should be mentioned that this proposal was one of six such programs approved throughout the United States, and it was in competition with 30 to 40 other proposals. The consensus was that the need for interaction, mutual planning, and sharing of resources was great if we were going to address all of the needs of children and work (together) toward solutions.

Child Advocacy Council - Rationale

Within the Task Force, a clear need was recognized for the Task Force to gain permanent status as a planning committee. In this permanent status the Task Force could function as a county-level Child Advocacy Board, representing the needs of children throughout the county and working toward the development of programs and services to meet those needs. This Child Advocacy Board offered a unique opportunity for meaningful dialogue among the child-serving agencies. The efforts which had gone on in the past were limited by (1) lack of staff to develop a factual base of information and to follow through on recommendations for collaborative efforts, and (2) little if any involvement of citizens. The Child Advocacy Program would provide some staff assistance to the county-level Child Advocacy Board as well as develop a child advocacy system on a neighborhood level.

Target Area Selection

The Child Advocacy Program proposed to concentrate its efforts on a rural area of this suburban county in an attempt to develop a model advocacy system which would be adaptable to other neighborhoods and sections of the county. Some interesting aspects of the Baden area were the Baden Complex (a multi-service center containing facilities for some health and social services, a public library, a community action program, a gym for recreational activities, and an elementary school), a fairly high proportion of the population below the poverty level of income, limited transportation, and poor housing and sanitary conditions. The model had as its focus the child advocacy system, with emphasis on how that system functions rather than on specific projects designed to meet particular needs. The neighborhood advocacy model included: a project director, a Child Development Council, local child advocate, and six aides. Key features of the system are: (1) problem analysis (data collection and analysis of existing needs), (2) statements of specific goals (measurable objectives for fulfilling needs), (3) strategy spectrum (consideration of all possible alternative strategies), (4) strategy formalization (decision-making and selection of strategies to be pursued), (5) strategy implementation (validating strategies, observing the results of actions), (6) evaluation and feedback (internal and external evaluation of employed strategies and the system on individual children as well as the total community). A tentative list of needs, objectives, and strategies was compiled during the writing of the proposal. Using these as a guide to direct some of their activities, the staff (the project director, local child advocate, and aides) and the Child Development Council went through the six steps listed above with the assistance of evaluation and system consultants.

Start-up Phase

There were some delays in timing from the original research plan. These resulted from (1) difficulty in disseminating the announcements regarding the position of project director to the satisfaction of the screeening committee, and (2) some questions regarding the availability of these federal funds (due to an unrelated desegregation issue). Once these problems were overcome, the first few weeks were spent in the pre-service training program

with the staff. This involved familiarizing them with the proposal and especially with the systems approach. Field trips were planned to schools and other service facilities. Representatives of various agencies came in to talk about their programs in the area. The evaluation and systems consultants met with the staff. The aides did some role playing and had discussions about how to present themselves and the program to others.

Steering Committee

A steering committee was established for the Baden Neighborhood Child Advocacy Council. This group was composed of representatives of agencies in the area and a number of community people. Additional people were invited into this group as the Child Advocacy Program became more visible and known in the community. Involvement of representatives of every aspect of community life (different geographic areas, age groups, racial groups, etc.) was an ongoing process. The final makeup and operating procedures for the child advocacy council in the Baden area were to be determined by this steering committee. The first large meeting developed a considerable amount of enthusiasm for the Child Advocacy Program and system. Future meetings were scheduled for once each month (generally).

At the first meeting of the steering committee there was a unanimous desire expressed for action to provide day care programs for preschool children in the area. This provided a priority for our staff effort. Demonstration of the usefulness of the systems approach (i.e., to document the need for day care programs, to state objectives in measurable terms, to present a variety of alternatives, and to pursue the most feasible strategies) followed the establishment of this priority.

First Project

It should be noted here that the Council and Advocacy staff were responding primarily to the community's need for a "product" to establish the credibility of the program as more than a "research and withdraw" program. This particular community had already been exposed to a considerable amount of researching and resented the fact that the researchers did not create or leave behind any visible changes in the community.

Based on a mandate from the Child Advocacy Council, the staff began gathering baseline data about day care programs and alternative strategies to meet those needs. The aides gathered information about the number of preschool children in the project area. Copies of all regulations and licensing requirements were obtained from county, state, and federal levels. Sample budgets and other cost figures for operating day care centers were gathered, along with information about the costs of other child care programs. From these figures it was found that a complete day care center program would cost somewhere between $2,000 and $2,500 per child per year to operate a day care center. All of these figures were presented to the steering committee. Many of the steering committee members were quite surprised by the costs involved in providing a day care center. There was a thorough discussion of the needs

and objectives to which any child care program should be addressed; there was also a lengthy discussion of alternative ways of providing child care. At the time of the steering committee meeting there were no funds available for providing day care or any other alternative program for preschool age children.

Funding Possibilities

About a week later we were informed by one of the members of the Task Force who is with the Department of Social Services that there was the possibility of some funding available through that Department. At a meeting initiated by Child Advocacy with the Director of Social Services and several of his staff, we found that there was a possibility that funding could be available for a complete day care center program for 45 children, provided that program could be in operation by the end of June 1972. The monies available through the Department of Social Services could provide this complete program, but were not available to construct or renovate the facilities which would be required. They could, however, possibly guarantee a long-term lease of the facilities. An emergency meeting was scheduled by the Child Advocacy staff within a few days with a number of steering committee members. At this meeting a local minister informed us that his church was willing to donate two acres of land adjacent to his church site for use in the day care center. There was also a lengthy discussion of the kind of building which could be constructed quickly and which might serve quite adequately as a day care facility. It was agreed that there was no adequate existing facility in the project area which could be renovated for use. The availability of modular units which could be assembled in a relatively short period of time was then investigated by Child Advocacy staff. The results were presented at the next steering committee meeting. One of these modular units was selected to be pursued further by the steering committee. A decision was made at that meeting to ask the local church if they would agree not only to allow the use of their land but to build these buildings and provide the total facilities for the day care center. Otherwise, a nonprofit corporation would have to be formed in order to build the facilities. The church group was approached during the following week, and they agreed to consider the idea of building these facilities provided a long-term lease could be guaranteed to cover the cost involved.

Designing South County Day Care Center

Several meetings were held between the Child Advocacy staff and the staff of the Department of Social Services. There was agreement on the type of facility to be used and the arrangement of offices and classroom space. Plans were also presented in rough form to the Health Department and seemed to meet their requirements. We attended a meeting of the Board of Directors of the Department of Social Services. The Board of Directors was in complete support of this project and requested that the State Department of Social Services act quickly as possible in guaranteeing the long-term lease which was needed. Many things had to happen very quickly during the next two months in order for this day care center to become a reality.

The Child Advocacy staff was in contact with several governmental agencies and also private contractors in order to facilitate the progress of this project. Once the construction activities began, we turned our attention, along with the Department of Social Services and other community agencies and citizens, to the selection of staff for the center, the identification of children, and the development of a meaningful program. In particular, Child Advocacy was to help the Department of Social Services identify high-risk children who would be in need of special attention and who would also benefit most from a preschool program. Child Advocacy also developed a package of all available information about the needs of children in the preschool category.

Temporary Site

The activities involved in establishing the day care center in this area continued to take up a considerable amount of time. A number of meetings and planning sessions were held to work on the plans for the building, to discuss the selection of staff, to plan for registering children, and to begin to develop ideas for a meaningful program for preschool children. It became apparent that the new building would not be ready in time to be used, so plans were made to use the church hall at the local church temporarily. A temporary license was obtained to use the church hall for up to six months while the new building was being constructed. Having this additional time, the building committee at the church considered having a more permanent building constructed rather than the modular structure originally proposed. The cost estimates for this new structure were to determine the time by which a new structure could be built.

There were some delays by the Maryland State Department of Social Services in providing approval for the long-term lease of the day care center facility. Some delays on equipment were also experienced.

The most significant event of this period was the development of the day care center from an idea to an actuality. Several staff positions were filled, equipment was beginning to come in, approval for temporary use of the church hall was obtained, and the initial group of 15 children registered by September of 1972. Discussions then began in the direction of developing supplementary programs around the day care center, such as, parent discussion and education groups, possible training for family day care, and volunteer participation.

Commitment to Project

The Department of Social Services signed a ten-year lease of the facility and the mortgage was negotiated with a local bank.

There were some delays in equipment being acquired and sent to the day care center. The Board of Education loaned the center equipment to be used until the Department of Social Services had its own available.

Our staff was involved in registering children for the center and in helping local people to apply for jobs at the center.

The staff worked with individual cases in providing outreach services. During the summer the aides took children enrolled in the center (prior to its opening) to a swimming pool at a nearby state institution for one hour twice a week.

A New Possibility - Title III Funding

A considerable amount of the director's and child advocate's time was spent planning and contributing to the designing of a Title III (ESEA) early childhood proposal. There was interest at the State Department of Education in developing a model for early childhood education centers in a rural setting. Child Advocacy saw this as an opportunity to meet the needs of children in the target area who were above the welfare level and therefore not eligible for the existing services through the Department of Social Services (South County Day Care Center).

Overall Needs of Children in Community

Our staff developed the concept of a model which combined with the existing center (administered by the Department of Social Services) would provide early childhood services integrated along socio-economic lines, and include all children from the target area.

This was accomplished through the combined efforts and resources of the Prince George's County Board of Education, University of Maryland, and the Department of Social Services. The funding (Title III - ESEA) mandated that the program be administered through the LEA (Local Educational Agency). Therefore, the proposal was presented to and accepted by the Prince George's County Board of Education. The State Office of Education clearly stated its acceptance of the interagency component by selecting this proposal as its No. 1 choice (of all the proposals submitted) and further identifying the interagency effort as the determining factor.

Many of the practical problems in the design of "Project Growing Together" (the interagency early childhood center) were worked out during the first few months of operation. The needs of the Baden community for this type of program became more apparent and the project responded to those needs.

Loss of Project Growing Together

However, after five months of operation, the continuation proposal failed by a narrow margin to win approval of the Board of Education. The decision to discontinue the project received a strong reaction in the community. There was an unprecedented degree of public support and pressure for the project. This support was expressed in the following ways: letters, newspaper articles, citizens participation at meetings of the Board of Education, support of community leaders. When it became apparent that the Board of Education would not change its vote to approve Project Growing Together, the Child Advocacy Council with others in the community began to look for other ways to meet the needs of young children in the area. This presented a further opportunity to demonstrate and test the systems approach.

Exploration of New Alternatives

Although services were now being provided by the Department of Social Services, exploration of other alternatives for providing early childhood educational experience for young children above welfare level, the selection of appropriate and feasible alternative(s) and a search for other sources of funds for early childhood programs began.

The "New" Growing Together, Inc.

The first endeavor was the formation of a local nonprofit organization which could be the recipient of particular types of funding. Members of the community who were not particularly active previously came forward to participate in and offer leadership in this effort. These included persons who would directly benefit from such a program as well as others who would not benefit but who recognized the need. Community meetings resulted in the acceptance and formation of a nonprofit organization known as "Growing Together, Inc.", and responsibilities for this procedure were willingly accepted by members of the planning group.

A request was made for funding to the Agnes Myers Foundation. However, although they expressed their opinion that the program deserved consideration, the funding for inclusion in their granting procedures was apparently inappropriate.

As a further effort to explore funding opportunities, the Human Resources Department of the county was contacted, and meetings were conducted to discuss such possibilities with the Director and her early childhood staff. Although these meetings were intended (by the local planning committee) to offer a manpower training proposal which would provide county funding that would be matched by fees and fund-raising activities around the local center, the Director of Human Resources indicated their interest in funding the entire center under their jurisdiction with the local community people acting as advisory board to the center. These negotiations and discussions are still under way and remain incomplete at this time.

Efforts at Coordination

Meetings have been initiated which involve the South County Day Care Center, Head Start, and elementary school personnel to provide a linkage system which will guarantee that the needs of children whom they all serve are actually being met.

The Appeal - Advocacy by Community Re: Needs

The communities continued to press for reinstatement of the Board of Education-administered Growing Together Project. A hearing was scheduled by the State Department of Education with the Prince George's County Board of Education to determine the "appropriateness of their action in discontinuing the program." Although this appeal has been unsuccessful, the fact that it occurred is evidence of the spontaneous "advocacy" for children which has developed in the community.

Parent Education Efforts

Two staff members were selected by parent discussion trainers to participate in a formal Parent Discussion Leadership Training Course (this is a follow-up to training which the entire staff received last spring). Parent Discussion groups have been conducted by Advocacy staff with parents and staff of the South County Day Care Center.

Assessment of Needs

A Child Advocacy Management Survey was developed which solicited the views of a sample of the community regarding the needs of children and youth in the area. For each need specified as important, the individual being interviewed was asked to identify anyone he knew who would be particularly interested in that need. This strategy was to provide: (1) a way to estimate the priorities which the community places on various needs of children, (2) a way to validate the problems perceived by the existing steering committee, (3) validation of individual steering committee views against community views, (4) a way to surface spokesmen for the community on specific problems, and (5) a means of identifying people who might be interested in participating in action steps. This instrument was to serve as the basis for obtaining spokesmen or representatives from the community to add to our Council, as a starting point in further needs identification, and the application of the systems approach to those needs. Permission from the granting source and the Federal Office of Management and Budget (OMB) to use our survey instrument was difficult to obtain because of internal HEW problems. Many preparations for the use of the Management Survey were made while awaiting OMB's approval to use the instrument.

Training and Education

The staff had several training sessions concerning the use of the survey instrument with both our evaluation consultants and with the systems consultant. Three of our aides also were in college training courses; three others in adult education classes preparing themselves for the high school equivalency test; while still another planned to take college courses. All of the courses were chosen because they were in some way job-related and supportive of their careers.

Meetings were held with the Office of Community Services at the Prince George's Community College. A three-day workshop was conducted for our aides which proved to be helpful early steps in developing their skills.

Alternative to Survey

In our continuing effort to identify and document needs in the target area, a series of home meetings was designed by the Project Director, Child Advocate, and the evaluation consultants. Graduate students from the University of Maryland, together with Advocacy staff members, working in teams of two, visited homes selected at random to discuss needs as seen by community people. Appointments for these meetings were scheduled in advance and at least five

neighbors were invited to participate. In some instances slides prepared by the evaluation consultants were used to stimulate discussions.

Similar meetings were arranged with school principals at the local elementary, junior high and senior high schools. These school meetings were well attended, and offered the young people of the community an opportunity to discuss community needs as they saw them.

An evaluation of these needs assessment meetings was prepared by the evaluation consultants.

A major problem encountered in the "home meetings" was the failure of many people to attend. Therefore, we were unable to involve as many community residents as we had hoped. However, approval of the management survey was obtained from OMB. We anticipated that a door-to-door canvass would provide us with a much broader input to our needs assessment.

The application and completion of this survey presented considerable difficulties and consequently took much more time than had been anticipated. Therefore, we proceeded with activities judged to have high priority by the Advocacy Council. When the management survey was completed, a needs assessment meeting was held to determine priorities of activities for the Child Advocacy Program; the survey results verified that the decisions made by the Child Advocacy Council were good and valid choices for this community. There was general consensus that the involvement of the Child Advocacy staff in the activities described accurately reflected the priorities determined by the assessment of needs. An overview prepared by the evaluation consultant was also consistent with this consensus.

However, it was agreed that while this type of survey gave insight into the community assessment of its needs, the form itself and the method of implementation did have weaknesses which may have limited its effectiveness.

Introduction of Local Family Service Program

As a result of our efforts to provide a counseling service in the community - a need which was identified as a priority by the community - a unit of the Family Services Agency (a UGF-sponsored agency) was located in the Baden Complex. Child Advocacy staff aides provided support by identifying families with needs and following up on individual cases as required.

An all-day workshop on crisis intervention and crisis counseling was provided by the Board of Education and our staff participated in these workshops.

Further discussions with the Family Services Agency regarding the development of additional services in this area (and other rural areas) of the county led to their development of a proposal for a "family advocacy" component in their budget to serve rural areas of the county. Data provided by Child Advocacy about the needs of this area were used to justify the proposal. Our advocacy program strongly supported this proposal when it was presented for funding consideration.

A component of the Family Services program is the Aftercare Program. When individuals with previous institutional confinement are identified, a psychiatric social worker is assigned to work with them after their return to the community. This worker carried an extremely heavy caseload; the Child Advocacy Aides worked along with him as co-therapists. We viewed this as an opportunity to demonstrate the use of paraprofessionals and non-professionals in mental health activities.

Evaluation meetings with the Director of Family Services, the director of the mobile outreach counseling program (of Family Services), the director of the Aftercare counseling program (of Family Services), the mental health counselor (Aftercare) for the target area, the social worker (in family counseling) for the target area, the child advocate and the project director (Child Advocacy) were held. These meetings provided thorough discussion of the range of services being provided by the Family Services Agency in the project area. The caseload of families receiving the services of the Aftercare Program developed rapidly. There were significant benefits to families and children resulting from the working relationship of this program with the Child Advocacy staff.

The working relationship (between the Family Services Aftercare Program, the Child Advocacy staff, and other agency personnel) was very productive and generated increasing demands upon the services involved in the various cases. Those working on the cases were enthusiastic about the progress being made.

The Board of Education was requested to permit Family Services to use the space made available by the reducation of Child Advocacy staff. It was our view that the two concepts of Child Advocacy and Family Advocacy should co-exist. In the child advocacy model almost all of the activity was "class" oriented. On the other hand, Family Advocacy is "case oriented" and frequently bridged the gap of serving the needs of families whose children were experiencing difficulties.

Medical Services to Meet Health Needs

The project director and several community representatives met with the doctors at Andrews Air Force Base who practice and receive training in family medicine. This was an effort to support an attempt by the Health Department and the local medical society to have doctors' services more available in the target area. The doctors at the base were unable to receive permission from the base commander to be involved in this service. Further attempts were made to attract other physicians to the area.

A private doctor's services were secured through the Health Department and a local medical services corporation (a nonprofit group of community residents). To assist the program to get off the ground financially, the Health Department paid nurses and doctors a fee for family medical services; a receptionist-bookkeeper was provided on a volunteer basis by the community. At the start of this program, the doctor's services were available at the Baden Complex two evenings a week.

A nonprofit corporation (Greater Baden Medical Services, Inc.) was formed. The Director of the Child Advocacy Program was elected to membership on the Board of Directors of the Greater Baden Medical Services, Inc., and participated in and provided leadership at board meetings to plan and operate the local medical services program. The service developed to a full patient load on most evenings, prompting the consideration of expansion of the program. There was sufficient income from patient fees to purchase additional equipment for use in the program as well as for the hiring of a laboratory technician. An additional clinic session was begun on Saturday mornings, two physicians were hired to cover these sessions on alternate weeks. This session has gradually increased in the number of patients. This service continues to pay for itself even though a number of patients served by the program have been unable to or have not paid (even on a sliding scale). Previous difficulties concerning receiving payment from Medical Assistance and from private insurance plans have been largely taken care of. Saturday morning sessions became very popular, consequently this became one of the busiest sessions. It appeared to be due to the new physician who covered that session; his competency and popularity with the patients both being factors.

Several meetings were held with staff of the County Hospital (Prince George's General Hospital - PGCH). The purpose was to work through problems which GBMS encountered in referring patients for (1) consultation, (2) admission, (3) X-ray and lab work. These difficulties were solved (for the most part) through changes in forms and other procedural steps and through a liaison arrangement.

Service to Youth - Coordination of Council

Many services and programs available to youth in the northern and central areas of the county were not available in this area. From data available in the community there appeared to be a need for programs for all youth (in areas such as, jobs, recreation, and transportation) and for those with problems. A survey conducted at two nearby senior high schools on a sample of students indicated a need for a concerted effort to plan and implement programs affecting youth in this area.

A meeting with the County Youth Coordinator was held to discuss a mechanism for assessment of the needs of youth. It was agreed that all youth-serving agencies should be represented to describe their ongoing services and any unmet needs as seen by their agencies. The first of these meetings was well represented by the county agencies serving the youth in the area. Child Advocacy was instrumental in identifying the agents from the target area to attend this meeting.

At a subsequent meeting the process of needs assessment began. Child Advocacy staff briefly introduced their six-step systems approach as a vehicle for assessing needs and planning.

The attendance at these meetings varied somewhat. As might be expected many statements about needed services for youth were made; however, the underlying needs were not clearly specified. Alternative ways of meeting

needs had not been considered; this is difficult for many agency personnel because they frequently think in terms of needed services rather than the underlying needs of children for which there might be a number of possible solutions.

The systems approach model of child advocacy was used as the format of this planning effort. Through this approach a Youth Services Bureau and Runaway House were identified as strategies to be formulated and implemented. The effectiveness of the systems approach was demonstrated by a collaborative selection of a particular strategy as a result of the needs assessment. As a result of the strategy selection, specific proposals were developed. These have not been implemented as of this time. The Child Advocacy staff had to discontinue its involvement in these efforts because of the closeout of the project.

Programs for the Handicapped (Emotionally Disturbed)

Several efforts were under way at the county level to develop plans for meeting the needs of children with emotional problems. The Mental Health Advisory Committee for the county planned an all-day workshop as an attempt to develop a master plan for mental health services in the county. The Child Advocacy staff had some involvement in the preliminary planning for this workshop. A bill was presented to the County Council for a coordinating office for services to the handicapped. The Child Advocacy staff participated in meetings in which this bill was drafted. This office is now officially a function of the county government. Our major effort and contribution has been in designing a systems approach model for meeting the needs of children with serious emotional problems. The county-level Task Force, comprised of many of the mental health agencies in the county, used the systems approach designed and developed by the Child Advocacy Program as a basis for planning the delivery of services to emotionally disturbed children and youth.

A decision was reached to develop an interagency screening committee for emotionally disturbed children in non-public school placements as a first step. Monthly meetings of agency personnel (from several agencies) involved in funding the placement of children with emotional problems as well as multiple-handicapping conditions, were initiated. The general problems of funding, working relationships among agencies, sample cases, and the goal of improved review and monitoring of cases were discussed.

The interagency screening committee was established as the official screening committee for the county in the fall of 1974. This group continues to review a number of difficult cases which have multi-agency involvement and funding. Participation in this screening committee's meetings provides opportunities in specific cases to plan for the restoration of children and youth with special needs to their home, schools, and communities. This current activity is a preliminary step in having this committee become the official interagency screening committee for programs developed at the Cheltenham Center (to be described later).

The Cheltenham Project

As the culmination of years of discussion and planning among interagency groups, and further stimulated by the enactment of a new special education bylaw (for the State of Maryland) and a class action court decision mandating a free public education to all handicapped children, a proposal was developed in the spring of 1974 for a "day treatment center" for children, ages 8-13, with moderate to severe emotional problems. This proposal was the initial focus of efforts to develop local programs for children with emotional problems. The Director of the Child Advocacy Program was a key member of the interagency team involved in the design and writing of this proposal.

Shortly after the designing and writing of this (original) interagency proposal was under way, the potential availability of space at Boys' Village of Maryland in Cheltenham came into the picture. Boys' Village has been a correctional facility operated by the Department of Juvenile Services. These facilities have a residential capacity of 250 to 300 boys. The Juvenile Services program has been phased down to a small, regional detention center for 50 to 60 juveniles. The availability of the remaining facilities has great potential for multiple use. As a result, the interagency committee expanded its focus to include consideration of the needs of other target populations in addition to children and youth with emotional problems.

An enlarged interagency committee was established in August 1974 to function as a task force to develop program proposals for a broad range of children's needs. This task force has worked over the past year in developing what is known as the Cheltenham Project. The Child Advocacy Program has played a leadership role throughout the development of this effort.

The Cheltenham Project contains a number of programs on service components including: (1) a Center and Resource staff; (2) a Psychoeducational Treatment Center (providing day and residential care for 72 children and adolescents in the first year); (3) a Learning Laboratory (providing intensive intervention for children identified as "vulnerable" to the development of emotional problems - 15 to 30 children); (4) an Alternative Education Program for 40 junior high students with social and behavioral problems; (5) a Vocational Component for 60 adolescents; (6) Health Services; and (7) a Recreation Component. The current plan calls for the implementation of these proposals during the 1975-76 fiscal year with a number of students starting in September 1975.

The final negotiations among state and local agencies is under way at this time. The mechanisms for interagency coordination and funding are complicated and will be further refined during a demonstration period of one or two years.

The Cheltenham Project has proven to be one of the most exciting and promising efforts on behalf of children with special needs in this county and state. In line with many of the goals and objectives of Child Advocacy, and through the efforts of this demonstration model of Child Advocacy, the

proposed Cheltenham Project is based upon the conviction that these children and young people must be considered as an integral part of our community and that the services and programs which are designed to address their special needs must be included in the fabric of our society.

This project is a testimony to the tremendous growth in awareness and sensitivity to the needs of children and youth in Prince George's County. It has provided an appropriate and promising note upon which to complete the Child Advocacy story. As an entire community (parents, agencies, specialists, and ordinary citizens) we are "working together for children" in recognition of our shared responsibility for their growth and development. This final effort reaffirms the ideals upon which this understanding of community responsibility is built, and it gives practical and meaningful application to those concepts.

Completion of the Child Advocacy Program

The Child Advocacy Program completed its demonstration period under federal funding in June 1975. Attempts to secure funds to continue the program through local resources were unsuccessful. The Prince George's County Board of Education, the County Executive, and many other agencies in the county were supportive of the program; however, in a year when no new programs are being started and when existing, proven programs are being lost, these agencies could not secure the funding necessary to continue the Child Advocacy Program.

Chapter II

Methods: Application and Evaluation

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The Systems Approach Applied to Child Advocacy

This section addresses itself to an evaluation of the systems approach as a model for advocating for children in a community. It asks whether the systems model as employed by the Prince George's County Child Advocacy Program is a useful, workable model for enabling a community to become more sensitive to the environmental and psychological needs of its children, and whether the systems model is effective in mobilizing and coordinating community resources in response to the needs of children in the community.

This assessment of the systems model as an approach to advocating for children is divided into four parts: 1) Brief description of the Systems Model; 2) Evaluation of Child Advocacy Program activities in light of the Systems Model; 3) Adequacy of the Systems Model for the advocacy task; and 4) Summary and Implications.

Brief Description of the Systems Model

The Systems Approach or Systems Model is a general formalized method for identifying problem solutions and implementing those solutions. Somewhat over-simplified, it can be thought of as a formalization of the logical, common sense approach that most of us might use when faced with a problem. We would try to identify the problem, decide on the best way to solve the problem, do whatever is necessary to solve the problem, and see how successful we were. More formally stated, the Systems Approach consists of a six-step, cyclical process which provides a systematic, analytical method for attacking and solving problems and providing feedback. The steps are: 1) Problem analysis; 2) Objective setting; 3) Strategy spectrum; 4) Strategy formalization; 5) Implementation; and 6) Evaluation. Attachment A (Child Advocacy System Flow Model) illustrates the conceptual schema of the Systems Model.

The Systems Approach was not designed specifically for the Child Advocacy Program. As stated earlier, it is a general strategy for problem solving. The uniqueness, then, of the Systems Approach to Child Advocacy is not the creation of a model for problem solving, but rather the attempt to use the Systems Model on a community-wide basis to mobilize and to coordinate community resources in response to psychological and environmental needs of children in that community. It is obvious that this represents quite a different test of the Systems Model from that presented in an industrial corporation's use of the Systems Model to make product related decisions or in Department of Defense's use of the Systems Model to make weapon choices.

Does the Systems Model, which has been useful in settings such as business, industry, and the Defense Department, have potential for use in community settings? Can the Systems Model be effectively used for combining seemingly unrelated community elements into meaningful relationships which result in a community that is more sensitive and responsive to its children's needs? The Prince George's County Advocacy Program was established and funded as a pilot project to answer questions such as these. This report attempts to provide some answers to those questions.

Evaluation of Child Advocacy Program Activities in Light of the Systems Model

This section of this report looks at the activities of the Prince George's County Child Advocacy Program over the four-year period to assess the degree to which the Systems Model was followed in the actual operation of the program. If the Child Advocacy Program is judged to be successful, but in actual operation it had not used the Systems Model, then it would be erroneous to attribute validity to the Systems Model. It is important, therefore, to make some assessment of the degree to which the model was followed. The Systems Approach is applicable both to the internal workings of an organization (process), as well as to the ways in which an organization directly attempts to accomplish its objectives (product). The activities of Prince George's County Child Advocacy Program in both of these areas (process and product) will be reviewed in light of the Systems Model.

Child Advocacy Processes and the Systems Model

Three aspects of internal functioning are considered: 1) Formation of the Child Advocacy Council, 2) Staff selection and training, and 3) Projecting beyond the pilot program stage.

Formation of the Child Advocacy Council: Help in forming the council was sought from leaders in the community. They assisted in identifying people who would be able to speak for a broad spectrum of the target population. Although this process of identification and object setting did not develop a council which took traditional form, those who became regular participants were in fact people whose interests were focused around the needs of children, youth, and community. The council was very active in developing strategies for product selection and implementation in order to respond to the identified needs of children. The Management Survey which was developed by the Child Advocacy staff provided the council with feedback on its strategies and implementation procedures.

From the beginning, the community and agency people were consulted. The decision as to how the council would be formed and would function was determined by a systematic procedure outlined by the Systems Model. The Systems Approach enabled the community through council meetings to make its own decisions in how it was going to fulfill the identified needs of children.

In spite of considerable pressure brought to bear by the funding agencies to press for a more comprehensively representative council, the program managers felt that because of the sophistication of the model and the suspicious (over-studied) and largely unorganized population, it would be more crucial and productive to develop the council slowly. Slow formation of the council was also considered essential towards establishing credibility of the program. The wisdom of using the Systems Approach in a slow step-by-step way resulted in appropriate strategy selections in many areas of concern. It also resulted in community acceptance of the products generated to fulfill the identified needs of children.

Community people, who initially resisted the formality of a structured council, attended council meetings because they dealt with strategies which these people felt would have a direct effect on their lives. It appears that their attendance was stimulated by the distribution of agendas in advance of meetings. The effectiveness of the council further demonstrates the success of the Systems Model as a meaningful and useful tool in a planning process.

Staff Selection and Training: The original proposal called for the employment of a number of indigenous Child Advocacy Aides. Five aides were employed almost immediately after the program was funded. Neither the decision to employ the aides nor the qualifications to be sought in the aides were arrived at through the Systems processes. The objectives that were to be accomplished by the aides were never clear. The employment of aides was never one of a spectrum of strategies from among which a choice was made. It seems clear that in the decision to employ the aides and in decisions about qualifications desired the Systems Approach was not followed.

The funded proposal, however, called for the employment of aides. There was an apparent discrepancy within the proposal which on the one hand specified a Systems Approach to decision making and to implementing strategies and on the other hand specified a priori employment of indigenous aides. (This seems to have resulted from specifications laid down in the funding agencies' guidelines for proposals rather than to lack of consistent thinking by the proposal writers.)

As the Systems Model was put into operation in the community and strategies for meeting needs were decided on through the Systems process, numerous tasks developed which needed to be accomplished in order to implement those strategies. Many of these tasks were not within the capability of the aides. Thus, rather than being able to turn to the aides for the accomplishment of tasks, the two professional members of the staff were frequently required to do the tasks themselves. This in turn reduced the amount of time available for supervising and/or training aides for tasks they were capable of, or might have potentially been capable of, doing.

Projecting Beyond the Pilot Program Stage: Continuation of the Child Advocacy Program is dependent upon the source of funds. Securing such funds from the federal government was hindered by the lack of development of such funding for child advocacy programs in general. While reducing federal government intervention and increasing local responsibility for funding and leadership has been one of the main goals of the program, complete transfer to maintaining self-sufficiency has not been made. One of the reasons for this was the premature termination of federal support.

Nevertheless, the Systems Model was applied towards developing strategies to facilitate self-sufficiency. A formal proposal for local support of the Child Advocacy Program was presented to the Prince George's County Board of Education. While favorably reviewed, the funding was denied in a year when "new" programs were being consistently turned down because of financial pressures on the school system.

Alternative strategies for program continuity were discussed with the Department of Human Resources and County Executive. Feedback has indicated that these two alternative strategies will not come to fruition. All county agencies and the County Executive's office are faced with severe budgetary problems. The feedback seems to show that lack of funds will prohibit any support from these sources.

Since there has always been the notion that a formally structured program might "go out of business", the strategy selections Child Advocacy has made provide that each product be designed so that continuation would be carried on without the direct leadership of Child Advocacy. This has been accomplished.

In addition, an important implication for the future is seen in the greater awareness of children's needs exhibited by an increased community involvement and better interagency cooperation. Through Child Advocacy's efforts all these people have a working knowledge of how the Systems Approach can be used towards continuing and developing products for the betterment of children's lives.

Child Advocacy Products and the Systems Model

The six-level Systems Approach was applied to a number of areas of community need. The following are descriptions of how the Child Advocacy Council applied the Systems Approach towards developing programs for: 1) Emotionally disturbed children, 2) Child care, and 3) Therapeutic services. Each of these products is at a different developmental point in the Systems Model. Child Advocacy's involvement in each of these products is briefly outlined to show how it conformed to the Systems Model.

Emotionally Disturbed Children:

Level I (Problem Analysis)

The Child Advocacy staff and a county-level interagency task force gathered information about emotionally disturbed children. An analysis of this information provided the following data regarding needs and existing services or lack of services:

1. There were no existing programs in the county specifically designed to meet the needs of emotionally disturbed children.
2. Children with emotional problems are being sent out of the county and out of the state.
3. There were no uniform ways of screening, funding or restoring these children to the communities.
4. Frequently no work was done with the families.
5. Poor quality of liaison with the local schools and other agencies and institutions existed.
6. The cost of out-of-county and out-of-state care was inordinately high.
7. These costs were borne by families or private insurance companies, and where this money is unavailable, either the children do not receive services or they are sent to a state hospital (which appears to be a dissatisfactory alternative).

Level II (Objective Setting)

In response to these needs, three major objectives were set:

1. A uniform mechanism for screening and monitoring child placement in special programs was suggested.
2. The provision of local programs with the following features:
   a. The ability to work closely with families
   b. An effective liaison with the child's local school
3. Sharing of resources and responsibilities by appropriate agencies.

Level III (Strategy Spectrum)

In relation to these objectives the following strategies were considered:

1. Develop interagency decision-review-monitoring system.
2. Proposal to establish a special program in an existing junior high school facility for emotionally disturbed pupils 12 to 16 years of age (currently in private schools under excess costs)
3. Proposal to establish a pilot interagency and non-residential psychoeducational program for moderately to severely emotionally disturbed youth between 8 and 13 years of age.
4. Proposal to establish a southern area psychoeducational day school program for emotionally disturbed children between the ages of 6 and 10 years.
5. Proposal to establish flexible psychoeducational programs at three currently existing centers for teaching disabled children between 4 and 9 years of age who exhibit maladaptive behavior.
6. Proposal to establish an early identification and prescriptive educational program for parents and their developmentally disabled children ages birth to kindergarten.

Level IV (Strategy Formalization)

Of the spectrum of strategies explored, two strategies were selected for further action:

1. The establishment of a "review-decision making-monitoring' system. This would provide a process for identifying, reviewing and recommending proper placement for children with special needs by an interagency committee. This committee is representative of the child-serving agencies in the county.
2. A psychoeducational treatment center for children and adolescents be designed as the major component of a community resources center to be operated in the county. (This overall effort became known as the Cheltenham Project.)

Level V (Implementation)

1. The Committee for the Coordination of Services to Children became operational on a trial basis in October 1973. The committee was officially appointed to its function by the County Executive and the various agencies in September 1974.
2. The Cheltenham Project is in the final stage of negotiations regarding funding and administration. Sources of funds have been identified and seem to be available through state and local agencies. This project will be phased in during 1975 and 1976, although total development of the center is expected to take 3 to 5 years. (See Attachment B)

Level VI (Evaluation)

The clearest evaluation of the effectiveness of this planning is the existence of two major and specific products which address the needs identified in Level I.

1. Children and youth are now receiving the benefits of a coordinated mechanism for screening and monitoring of their placements.
2. A major program for the emotionally disturbed marked by an innovative approach to interagency sharing of resources and responsibilities should soon be available within the community. More sophisticated forms of evaluation will be required in the future to demonstrate the impact of these programs on children and youth after this program has been operational.

Child Care: Stage a

Level I(a) (Problem Analysis)

1. A canvassing of the target area provided information about the following:
   a. Census information regarding the number of 2- to 5-year-old children.
   b. Parental interest.
   c. Ability to pay for child care services.
   d. Transportation need.
2. The priority needs identified were:
   a. Readiness development (educational).
   b. Social experiences outside the family.
   c. Care for children of working mothers since no day care facilities were functioning in the community.
3. There existed many children who experienced:
   a. Learning problems upon entering school.
   b. Deprivation of learning experiences in the home.
   c. Social isolation.

Level II(a) (Objective Setting)

In response to these needs, the council agreed upon four day care objectives:

1. Educational readiness development - Design a preschool program which would include educational experiences with numbers, colors, language, and perceptual and motor skills.
2. Peer development - Provide opportunities to develop social skills playing and interacting with children and adults outside a family setting.
3. Provide consistent and high quality care for children of working parents.
4. Provide opportunities for some mothers to receive training and begin working in a day care setting.

Level III(a) (Strategy Spectrum)

To facilitate the implementation of the objectives, the advantages and disadvantages of the following strategies were considered:

1. Creating a day care center.
2. Focusing on cooperative nursery schools.
3. Family day care.
4. Home visitors or tutors.
5. Part-time child care (2 or 3 half-days per week).
6. Parent education and discussion groups.

The following limiting factors (constraints) were considered:

1. Legal requirements.
2. Facilities and available space.
3. Funding and other cost factors.
4. Staffing/personnel required and/or available.

Level IV(a) (Strategy Formalization)

1. Of the strategies considered, a day care center was decided upon to satisfy this need.
2. Social Services Department was found to have available funds to help support a day care center for approximately 45 children.
3. A three-month planning and implementation period preceded the opening of the center.

Level V(a) (Implementation)

In line with the management plan, the Child Advocacy staff worked with the Department of Social Services, the local church group, and other county agencies to bring into being the South County Day Care Center. The day care center became operational with an initial 15 children and was located in the hall of a local church. Over the past three years of operation, the South County Day Care Center has located in its new building and is serving its full capacity of 50 children.

Level VI(a) (Evaluation

Initial evaluation of this program indicated that there were many addi-

tional children in the community whose needs for an early education program were still unmet. A decision was made to use the cyclical operation of the systems approach and return to outlining new objectives to meet this additional need. The existing South County Day Care Center is effectively meeting the needs of many children in the project area.

Child Care: Stage b

Level II(b) (Objective Setting)

1. To provide additional child care for those children who were not able to benefit from the day care center because of family income exceeding the financial limitations.
2. Title III (ESEA) funding was proposed as an alternative.
3. Interagency cooperative was set out as a priority.
4. The Child Advocacy staff was assigned to assist in the designing and writing of a Title III proposal which would provide day care for the children whose needs were not being met by the existing day care center.
5. The State Department of Social Services committed itself to cooperate with this proposal. The local Department of Social Services was assigned to work on the steering committee of the Title III project (known as "Growing Together").
6. The Prince George's County School Board approved the preliminary design and also provided a great deal of technical assistance.
7. The professors and staff at the College of Education, University of Maryland, were helpful in planning strategies to provide a day care component to meet the needs of the university (students, etc.) for day care. This activity was part of the complete Title III proposal, along with the Baden component (which was available in the Child Advocacy target area and which was coordinated with the South County Day Care Center).

Level III(b) (Strategy Spectrum) and Level IV(b) (Strategy Formalization)

Alternative strategies for locating the Title III day care center were investigated. For example:

1. Unused classrooms in schools - Some space was found to be adequate in these schools and plans were designed to prepare them for use.
2. Unused space in other churches in the target area - Proper licensing of these church halls was obtained and improvements to the premises were initiated.
3. Strategies for providing transportation and food services were developed. Some existing furniture at the Board of Education was set aside for the program's use.
4. In the Baden component of this project, the "Growing Together" section worked hand in hand with the South County Day Care Center to provide day care services to the total socio-economic range in the community.

Level V(b) (Implementation)

The program was operational and having much success when the local Board of Education, under which the program was administered, voted to discontinue it. (Note: Ordinarily these Title III grants continue for a period of three years.) There were many attempts by members of the Child Advocacy Council, Board of Education personnel, and community people to influence a change in the Board's decision. These efforts were unsuccessful. Parents of the children in the centers unsuccessfully pressed the State Department of Education (through a hearing process) to reverse the local Board of Education decision.

Level VI(b) (Evaluation)

A complete evaluation of Stage b was left undone due to the untimely termination of the Title III program. It appeared that this program was satisfying the needs of many more children from a variety of socio-economic levels. The site visit evaluation conducted by the State Department of Education was quite favorable and encouraged the continuation of the project. Interested parents along with the Child Advocacy staff returned to planning new strategies to satisfy the objectives set out in Stage b, Level II(b) of the Child Care project.

Child Care: Stage c

Level III(c) (Strategy Spectrum)

The possibility of forming an incorporated body to administer a program of child care was investigated. It was decided by members of the community to implement a strategy to form a nonprofit corporation which would address the unmet needs for early childhood programs in the project area.

Level IV(c) (Strategy Formalization)

1. The nonprofit corporation was legally established including a charter. It became known as "Growing Together, Inc."
2. This body is now working with the county Department of Human Resources to:
   a. Develop a child care program in the Baden area
   b. Seek ways of fund raising (through various grant sources)

Level V(c) (Implementation)

The operation of Growing Together, Inc., is not yet functional. However, this expression of community, self-initiated effort is a remarkable demonstration of concern for children as well as a sense of confidence in the community's ability to continue to work together toward viable solutions to problems.

Therapeutic Services

Until the spring 1973, counseling and/or therapeutic services were not available or accessible to families in the target area. The Child Advocacy

staff supported and cooperated with Family Service Agency in establishing a family counseling center in the community. The following sets out how the systems approach was applied to this problem.

Level I (Problem Analysis)

The need for counseling and therapeutic services was assessed by compiling data on problems such as:

1. School dropouts; juvenile delinquency.
2. Marital problems, single parents, unwed mothers, large families.
3. Drug addiction and alcoholism, unemployment, poverty.
4. Children with emotional problems and handicaps.

Level II (Objective Setting)

To establish family counseling services in the community:

1. To provide children with services so that they will not have to go outside the community for therapy and counseling needs.
2. Establish preventative programs for high-risk groups:
   a. Parents of handicapped children.
   b. Unwed mothers, single parents.
3. Establish marital counseling services.

Level III (Strategy Spectrum)

1. The needs and objectives were assessed in terms of possible available resources. Strategies were considered for extending the services of the following organizations to the target area:
   a. Family Service Program
   b. Board of Education - Guidance and Psychological Services (e.g., walk-in center).
   c. Health Department - Mental Health Bureau - Southern team.
   d. Department of Social Services - Social workers and case workers.
2. Submit a Family Advocacy Proposal for funding to support increased services to families.
3. Establish a "day treatment center" (for Aftercare patients)

Level IV (Strategy Formalization)

1. Facilitate the flow of referrals to the Family Service counselors by arranging for contacts to be made through the Child Advocacy office.
2. Assign aides to work with "aftercare" workers to help with specific family problems.
3. Focus on getting a "day treatment center" location at a local church.
4. Focus on a mobile outreach program and aftercare program through Family Service.
5. Continue to support the Family Advocacy concept in the community through referrals.

Level V (Implementation)

1. A reordering of priorities in 1973 prevented Family Service from being in a position to devote any real amount of time to developing a day treatment center, but they did provide a social worker and a case aide on a 1- or 2-day basis per week at the Baden Complex. Family Service are now extending the services of its "aftercare" program through a psychiatric social worker.
2. Additional funding in the fall of 1974 permitted Family Service to establish a "therapeutic day treatment" program. Part of this funding allowed Family Advocacy to be established at the Baden Complex.

Level VI (Evaluation)

The Family Advocacy Program administered by the Family Service Agency of Prince George's County is now located in the Baden area sharing space with the Child Advocacy Program. The interaction of these two groups has been beneficial to the community and the joint space shared with the Child Advocacy Program has proven to be very satisfactory. The Family Advocacy Program has recently been expanded to include a social worker. The staff in Baden currently consists of a director, two aides, and a social worker (MSW). Their services are being more than sufficiently utilized, and therefore, appear to justify therapeutic counseling services being located in the target area.

It is quite evident that the Child Advocacy staff has indeed understood the Systems Model, taken it seriously, and functioned in accordance with the Model. It seems reasonable to conclude that the Prince George's County Child Advocacy Program has been a fair test of the applicability of the Systems Approach for mobilizing and coordinating community resources in response to children's needs.

Adequacy of the Systems Model for the Advocacy Task

Is the Systems Model a viable, usable, and adequate approach for enabling a community to become more sensitive and responsive to the psychological and environmental needs of its children? Numerous changes have occurred in the community (suggested in the previous section and discussed more fully in Chapter IV) as a result of the presence of the Child Advocacy Program. This clearly leads to the conclusion that the Systems Model is applicable to community settings and is an effective model for mobilizing community resources to respond to children's needs. The Systems Approach has apparently been particularly effective for accomplishing outcomes such as the following:

1. The Systems Approach has made it much more likely that decisions are made on the basis of data.

2. The Systems Approach has been very effective in fostering coordination rather than competition and/or territoriality among agencies.

3. Activities and programs established through the Systems Approach have tended to maintain themselves.

4. The Systems Model tends to keep channels of communication open and communication flowing among various levels of authority as well as among agencies.

5. When a program or strategy has been blocked, the cause (in the sense of goal and purpose) remained alive and active because the Systems Approach had generated a spectrum of alternative solutions.

6. The Systems Approach to advocacy avoids putting the advocacy organization into a competitive stance with other agencies. As credibility is established and as this role is perceived by other agencies, other agencies begin to turn to the advocacy program for help and advice in procedures and methods for approaching problems.

The results of the Prince George's County Child Advocacy Program strongly support the notion that the Systems Model is effective and usable for advocating for children in a community setting. The question of whether the Model is adequate or comprehensive enough for a total child advocacy approach is a slightly different question. The model appears to have been most useful and effective in what might be called class advocacy (as opposed to case advocacy). It was most effective in finding and implementing solutions for needs experienced by groups (or classes) of children. It does not appear from this demonstration to be as effective or useful a model for directly responding to the needs of individuals in a crisis situation. If crisis intervention were identified as a community need, however, presumably the system could operate in identifying and implementing a strategy to meet the need.

A further question needs to be addressed if other communities wish to consider adopting the Systems Model. Could existing organizations or agencies in a community adopt the Systems Approach and achieve similar results, or is it necessary for a separately structured organization to provide the impetus? The Prince George's County Pilot Child Advocacy Program obviously does not provide data for a definitive answer to this question. However, it appears that the success of the Program was in large measure due to the follow-through which the Advocacy staff (particularly the professional staff) was able to provide. The System's focus on needs, data, strategy spectrum, feedback and evaluation mobilized and coordinated agency policies and decisions. However, the follow-up and implementation of those decisions would likely have bogged down without the follow-through provided by the Advocacy staff.

Finally, there occurs the troublesome question of whether the success of the Child Advocacy Program can really be attributed to the system or to the particular skills and talents which the professional Advocacy staff brought to the System. While it may well be that with a less skillful Advocacy staff the System would not have worked, it has been clearly demonstrated that with a skillful professional staff, the System can and does work well. That is probably the most one can say for any model. Probably no model is so foolproof that it will work well if not skillfully applied and managed.

Chapter III

Results: Products Related to Goals

National Program Goals

A. Federal Goal: Agency Impact

Project Goal I: To assure the delivery of service to children on a non-discriminatory basis in an early childhood development program designed through interagency coordination and cooperation.

From its inception the Child Advocacy Program of Prince George's County has diligently persevered in its effort to see that children in the target area received services. The development of an area Advocacy Council (which lent itself to many changes) provided community input and direct involvement in the setting of priorities for these children.

As a result of these mutually-agreed upon priorities the following took place:

1. An intensive needs assessment and a review of objectives.

2. The identification of the most feasible and comprehensive service available for preschool children.

3. The recognition of limitation of this service because of the constraints of the providing agency.

4. A commitment to pursue the extension of preschool services to all community children.

Product I: The South County Day Care Center

This center became operational in June 1972, and continues to serve the children of low income families. This service will continue after the discontinuation of the Child Advocacy Program. At this writing this center has a full enrollment of approximately 50 children.

Product II: Growing Together

This tri-agency center for children of families with incomes higher than those indicated above became operational in November 1973. However, the Board of Education of Prince George's County (through whom the funding was of necessity channeled - Title III-ESEA funds) discontinued their sponsorship in April 1974. This action left a gap in services for the children enrolled in the Growing Together center.

Action was instituted by Child Advocacy to look at other alternatives to close this gap.

An appeal with regard to the appropriateness of their cancellation by the Board of Education of Growing Together (Title III) was undertaken by some members of the Child Advocacy Council.

Parents of the centers took their case to the State Office of Education where a hearing examiner reviewed the arguments of both state and county educational agencies as well as those of parents from the affected community. While this appeal was unsuccessful, it did demonstrate a high degree of community awareness in the needs of young children.

Product III: Growing Together, Inc.

This nonprofit organization was created in an effort to look at a broader perspective of funding opportunities. (This strategy was agreed to and supported by the Child Advocacy Council.)

Among these were private and public funding groups, county agencies, and fund-raising activities. To date this effort has not materialized into an actual center, but the efforts are continuing, and the existence of the nonprofit "Growing Together, Inc." by its very existence holds promise for continuation of efforts because of the demonstrated commitment to children.

Constraints: United Way of Prince George's County and the Human Resources Department of Prince George's County have both accepted proposals for funding a child care center. The Human Resources Department, to date, has not received its requested funds for day care, and the local United Way is involved in a dispute with the Greater Metropolitan United Way because of their claim of underrepresentation and insufficient funds being returned to the county. These factors are beyond the control of Child Advocacy or the community and have, at least temporarily, halted progress in pursuit of funds through these sources.

Product IV: A linkage system for early childhood programs

A linkage system initiated by Child Advocacy among the South County Center, the Head Start Program and primary teachers at the public schools is producing an effective referral, follow-up and exchange system for the youngsters involved. This linkage system now operates independently of the Child Advocacy Program.

Project Goal II: To promote and improve the delivery of services to families (with children) in need of counseling.

In reponse to the need for a local family counseling service, Child Advocacy negotiated with the Family Service Agency to provide greater attention to the target area.

Product I: Family Service Outreach Center

The initial response by the Family Service Agency was to provide the services of a psychiatric social worker on a two-day-a-week basis. As he worked in the area and the extent of needs surfaced, a social worker and two aides were added to the staff.

Product II: Family Advocacy Program

The efforts of the Child Advocacy Program have focused mainly on "class advocacy." The program was not designed to provide a direct service and was not prepared therefore to deal with "case advocacy" except as a support agent. It was considered necessary, as the need for services to individual children and families continued to grow, to press for further efforts to provide for "case" advocacy. Therefore, the suggestion of a Family Advocacy staff stationed at Baden was proposed and strongly supported by Child Advocacy through discussions and letters of support.

At the present time this service is located in the space shared by the Child Advocacy Program. The staff consists of a supervisor, two social workers, two aides, and a part-time "aftercare" worker.

Family and Aftercare service now located in the target area operate independently of Child Advocacy; this is consistent with our goal of improving and providing services through ongoing programs which would not be affected by the absence of a child advocacy staff.

Project Goal III: To participate and contribute to the efforts dealing with housing problems in the target area.

Child Advocacy was instrumental in collecting data to document the need for improved housing conditions in the target area.

Product I: Ministerial Group

This group is representative of most of the denominational churches and was initiated by Child Advocacy. It has accepted as a charge the responsibility for continued efforts with regard to immediate housing needs in the project area.

Additionally, the Family Advocacy staff, as part of their direct service, are offering assistance to individual families in an effort to improve their living conditions.

Project Goal IV: To promote and improve services to youth in the target area.

Product I: Southern Area Youth Council

Through the efforts of Child Advocacy an interagency planning group (the Southern Area Youth Council) was developed. The systems approach model to planning was used to provide a sense of direction and purpose to this group. At least two program development efforts

have come out of the discussions of this countil (one is listed immediately below).

There is every reason to believe that this group (now formally organized) will continue its efforts to promote services for the southern area youth, and that other priorities established will be pursued by them as an interagency group effort.

Product II: LEAA Proposal

This proposal was developed as a model for youth services in the southern area of the county. It has been reviewed by the state LEAA panel but not approved for funding. The Child Advocacy staff provided its leadership and design and writing experience to the development of this proposal.

B. Federal Goal: Community Involvement

Project Goal I: To promote a viable community organization which will be prepared to plan systematically to meet the needs of children and youth in the target area.

As indicated in previous reports, the Child Advocacy Council may not have developed along traditional lines (i.e., chairperson, secretary, etc.); however, it has been our experience that a nucleus of community leaders and local agency representatives has consistently attended the advocacy council meetings. This has provided a significant level of community involvement.

Additionally, our experience showed that the particular issues discussed (which were sent out in the form of agendas prior to meetings) brought out area residents who felt directly affected. The Child Advocacy staff has continued to press for continuation of this council into the future.

Examples of action taken by community people to meet the needs of children and families are shown in the development of two nonprofit corporations and in the independent appeal process. These are described elsewhere in the report (Greater Baden Medical Services, Inc., and Growing Together, Inc. - nonprofit community groups; and the appeal of the Title III decision). These demonstrated an increase in the awareness and sensitivity to the needs of children in the community and appropriate action to meet these needs.

Also, at the final Child Advocacy Council meeting (June 3, 1975) the council members decided to continue to meet after the termination of the federal project. They voiced their belief that the Child Advocacy Program had shown them the value of coordinated efforts. A community person was selected to function as chairman and a meeting date was set for September 22, 1975.

Product I: A Community Education Program

A proposal has been drafted and submitted for approval of this program in the target area. The input of Child Advocacy was actively solicited. A major thrust of this input will be to continue the Child Advocacy Council (with its focus on children) as the council and governing body

of this program. This effort is intended to preserve the integrity of the planning group.

While the concept has been accepted, there are still formalities and further discussion required to meet this goal. It should be noted that this proposal (because of its very limited funding) will (if accepted) only provide one part-time employee. It is impossible to conceive of the intensive and continuing efforts toward coordination, promotion, negotiation, and efforts for improvements of children's programs being in any way as effective as it has been with the staff provided by the Child Advocacy Program. There has been constant reinforcement of this view by community residents and agency personnel. A staff to provide the manhours as well as negotiating skills has proven to be an essential ingredient to the success of bringing services and programs to fruition.

It is, therefore, the intention of the Child Advocacy staff to continue to press for this development before discontinuance of activities.

Council members have questioned the extent of success possible in planning, negotiating, and developing interagency activities without the support of a staff to follow up on decisions, arrange interagency planning, collect data for needs assessments, etc. However, even with the limitation of no staff, the Child Advocacy Council plans to continue (as cited above).

Product II: Greater Baden Medical Services

This effort represents another community nonprofit organization which demonstrates an awareness of needs and appropriate action to meet the needs. The GBMS provides the medical services of a physician, nurse, and laboratory technician to the families of the project area three evenings each week.

C. Federal Goal: Education and Training

Project Goal I: To educate and train the Child Advocacy Council as well as cooperating agencies in the use of the systems approach model.

As indicated above and in previous reports, this has been an ongoing continuous effort of the Child Advocacy staff. As a result, there have been noticeable differences in the approach to dealing with unmet needs.

Product I: Staff Training in Early Childhood Development

The Child Advocacy Aides (six) received a 15-session introductory training in leading parent discussion groups. Two of the aides were selected for further training and activity as discussion group leaders.

Product II: Workshops or Presentations

A. Workshop for Southern Area Youth Council
B. Workshop for elementary school personnel
C. Workshop for mental health team leaders (Health Department)
D. Workshops for council members and aides
E. Presentations for pupil services personnel of the school system
F. Workshop for Southern Area school personnel (one of three supervisory geographic areas of the Prince George's County School System)
G. Cheltenham Project Planning Sessions

Project Goal II: To train Child Advocacy staff to perform advocacy roles with greater skill and knowledge.

Product I: Parent Discussion Training

Child Advocacy Aides in ongoing Parent Discussion Training at county level. During the life of the Child Advocacy Program one to two aides received this training on an ongoing basis.

Several community people have become active with parents themselves conducting the sessions and they are continuing to develop skills and abilities through these interchanges which will have a positive effect on the growth and development of their children and those of others in the area.

Product II: Local Parent Discussion Group

One or two Child Advocacy Aides conducted a Parent Discussion Group at South County Day Care Center and with parents of Growing Together (Title III) while that program existed.

D. Federal Goal: Programs for the Handicapped

The Child Advocacy Program pressed for, and brought influence to bear on, the planning and funding for emotionally disturbed children in the county, as well as the return of "excess cost" children receiving services out of the county.

Product I: Interagency Screening Committee

Based on a systems approach model developed by Child Advocacy, an interagency committee meets monthly as a screening committee which reviews problem cases. This committee will also function as part of the screening process for the Cheltenham project.

Product II: Cheltenham School and Community Services

"Boys' Village of Maryland" located in Cheltenham (in southern Prince George's County) has been selected as the site for an inter-agency planned and funded resource center. This unique center when operational will provide programs and resources which will cover a myriad of services for children with special problems. These will include problems which range from "severe" to "normal" needs, in particular, Psychoeducational Treatment Center, Learning Laboratory, Alternative Education and Vocational Education programs. Recreation programs will also provide opportunities for children with special needs as well as "normal" children.

A considerable amount of effort has been given by Child Advocacy staff in the direction of implementation of what is known as the "Cheltenham Project." This activity involved organization of sub-committees, development of proposals, budgets, organizational structure and negotiation among a variety of agencies at local and state levels.

The Child Advocacy Program is playing a major role in directing these activities. (See Attachment B.)

Product III: Title III - Project Growing Together

Specifically, through the influence of the Child Advocacy Program children with hearing impairment and learning disabilities were included in these centers. However, the deletion of the program by the Board of Education has again created a gap in this service.

Product IV: Growing Together, Inc. (Community nonprofit corporation)

Although this program is still not operational, the concept of inclusion of children who are handicapped whenever possible and beneficial has been accepted and is part of the program design (through the influence of the Child Advocacy Program). As previously stated, this program is a demonstration of community involvement.

Product V: Preschool Linkage System

This system provides for additional referrals to the Head Start program, or other appropriate preschool settings for children with handicapping conditions.

E. Federal Goal: Evaluation

Project Goal I: To evaluate the Child Advocacy Program's effectiveness during the period of activity and at the conclusion.

The process of "internal evaluation" through council meetings is an ongoing activity. Included in this report are external evaluations prepared by the evaluation consultant both from the perceptions of the community (Chapter IV) and the use of our systems model (Chapter II).

F. National Goal: Dissemination

Requests for descriptions of the process and work done by Prince George's County Child Advocacy have come from many corners of the country. The people requesting the information have all received documents and descriptions of the program. A list of those seeking information is attached. Among the materials forwarded have been program abstracts; systems approach to particular products and problems; program descriptions; the Child Advocacy Handbook - "A Systems Management Model based on the Child Advocacy Program 'Working Together for Children'"; and copies of the reprint which appeared in the Child Welfare publication. (Attachment C)

A pamphlet has been prepared to describe in detail the development of products through the systems approach used by the program.

Workshops have been conducted and are itemized under "Education and Training" section of this chapter.

Additions to these are:

A. Baden Community Education Planning Committee
B. Planning Group for Transportation Services for Children with Special Needs

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G. Federal Goal: Continuation

Project Goal I: To maintain an ongoing system approach model of child advocacy which will have a meaningful impact on interagency planning in meeting the needs of children and youth.

In an effort to remain consistent with our contention that the Child Advocacy Program should be school-based, our first effort to press for continuation of the program was the presentation of a proposal to the Board of Education for inclusion in their budget. This proposal differed to some degree with the original program design as a result of conclusions drawn by the Director, Child Advocate, and evaluation consultants as to the effectiveness of the staffing pattern of the original design (i.e., paraprofessional staff were not included).

While supportive of this proposal, the Board of Education was unable to fund any continuation of the program because of its own financial problems. The fact of these fiscal difficulties also prevented the county or any other agency from sponsoring the program. See the attached letters. (Attachment D)

Consultation

The consultation provided by the Child Advocacy staff has involved meetings with the following groups:

1. South County Day Care Center
2. Local clergy association
3. Local agents of the Family Service Agency
4. Case conferences directed to the problems of area youth
5. Project Growing Together
6. Project Growing Together, Inc.
7. Maryland State meetings on Early Childhood
8. Local Community-Education planning group
9. Southern Area Planning Group for Volunteer Transportation
10. Community activists who have solicited assistance
11. Cheltenham Task Force

Needs Assessment

The Child Advocacy Council and staff have been involved with needs assessment in several different ways.

In addition to the data collected to document the needs in activities undertaken by Child Advocacy staff, a needs assessment has been initiated and data is being collected and collated for a transportation system designed to meet the needs of children with unique problems.

Casework

As indicated in our previous reports, "casework" has not been a primary activity of this model. However, we continue to be involved on a limited basis with agencies such as Family Advocacy, public schools, etc., when our intervention is seen as appropriate and effective.

Other

Transportation

During the first two and a half years of the Child Advocacy Program, some direct transportation services were provided to cases involving children in need of services. This direct service was cut back totally over time

as other resources were developed through planning. The Health Department now has some bus services to the area; the local recreational department has deployed a minibus at the Baden Complex which is available to meet community transportation needs, and some volunteer efforts have emerged. Also, through the influence and planning of the Child Advocacy Program, agencies in the area are now organized to continue their planning efforts under the leadership of the county's Department of Human Resources.

Chapter IV

Conclusions

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Introduction

This section reports the perceptions of residents and agency personnel whose interests and work have enabled them to report on the changes taking place within the Brandywine-Baden-Aquasco area. (Their perception of how Child Advocacy has acted to make changes in South Prince George's County will be discussed. The questions asked: "What effect has Child Advocacy had during its four-year period?" In the eyes of the interviewees, did Child Advocacy make a difference?)

In order to assess community perception of change within the community, 16 individual interviews were conducted during the winter of 1975. These people were representative of two groups: 1) Agency personnel, and 2) target area residents. The names of these individuals were provided by the Child Advocate, Mrs. Ethel Greenspan. They were selected at random from a population of people who had knowledge of and interest in the target area. Personal interviews were semi-structured and focused on the content of change in community attitude, facilities, communication patterns, perceived efficiency levels, knowledge and sensitivity of children, and personal feelings about Child Advocacy's accomplishments.

Questions about the content of change were designed to focus on the perceptions people had of Child Advocacy with respect to external and internal accomplishments. External accomplishments are considered to be those direct changes in community services and attitude initiated and/or supported by Child Advocacy. External accomplishments are those programs and activities that exist for children as a result of Child Advocacy. Internal accomplishments refer to those changes Child Advocacy has made in its efficiency and communication patterns which have reduced lag-time between coordinating projects.

Discussion

Perception of Child Advocacy's External Accomplishments

The interviewees stated three different positions on their perception of how Child Advocacy's work changed the community. These positions are discussed as follows:

A position taken by some agency representatives stated that Child Advocacy did not single-handedly bring about new services in the community. These people felt that their respective agencies were always updating their services to fill the needs of their clients. Therefore, Child Advocacy's interaction with agency personnel was not altogether instrumental in getting new services within the target area established. The agency people did feel, however, that Child Advocacy was instrumental in establishing community cohesion.

A second position was seen from the point of view of some members of community action groups. These people felt that Child Advocacy interaction

with agencies helped to make agencies more sensitive and aware of the community needs. One individual felt that agencies adapted themselves to the community. The community was not seen as having changed its attitude or personality. The feeling here was that both agencies and the community were ostensibly conservative. It was felt that without the influence of Child Advocacy, these two sides would still be experiencing a lack of understanding. Child Advocacy's main accomplishment was seen again as bringing the community together.

A third position was seen from the perspective of some new community residents as well as old community residents. It was their feeling that the newcomers in the area have been very effective in influencing change within the community. These people cited such things as the newcomers' increased sense of civic duty, and subsequent activity in the community and political organizations. These residents described the new people as being a new breed of middle class, college educated, liberals. It was felt that the newcomers saw Child Advocacy as another arm of the civic-minded organizations in the community. These organizations tended to utilize Child Advocacy's help in facilitating some of their own work towards external community change. Again, it was stated that Child Advocacy has accomplished much in bringing the community together.

For the most part the consensus indicated that Child Advocacy's effect on changing the community increased steadily from its inception four years ago, and has become most effective during the past year. All tended to agree that a major accomplishment of Child Advocacy was the effect it has had in bringing together a basically fragmented community. It was thought by some people that the solid foothold Child Advocacy has established in the target area represents fairly rapid community acceptance. It was mentioned by several residents and a community action group representative that the strengthened community position of Child Advocacy was due in large measure to the firm, but patient guidance extended by the Director and Child Advocate.

In response to a question about how Child Advocacy usually sets about to initiate change, several agency representatives mentioned that the Council meetings serve as a forum for new ideas. Plans for change were discussed and then followed up through coordination efforts with the schools, churches, civic organizations, county agencies, and local residents. All of the interviewees mentioned one or more of the following accomplishments which resulted from Child Advocacy's involvement in the community.

1. Recreation. A representative of a school and several local residents mentioned that Child Advocacy was recently instrumental in assisting the school in the preparation of a proposal to help finance a School-Community Centers Program. The respondents were in favor of this program as it was designed to introduce additional educational and leisure time activities at the Baden Complex. The school representative considered this a major need for the younger children. An added advantage of utilizing the existing community installations more fully was also mentioned.

Several residents felt that the proposed School-Community Centers Program is a necessary addition to the recreation needs of young children. They said that the existing recreation center was not functioning to meet the needs of all children. At the moment, the recreation programs sponsored by the Parks and Recreation Department are felt to be limited and lacking in organization. These resident interviewees expressed the feeling that many parents are concerned about letting their young children participate in activities at the recreation center. It seems that the lack of supervised activities has resulted in a situation that allows older boys to bully and chase away the younger children. New kinds of after-school activities are a felt need for the younger child.

2. Churches. Several residents and a community action group member mentioned the success Child Advocacy has had in organizing the Ministerial Association. This organization was formed in an effort to bring together, as a functioning unit, all the ministers within the target area. Their unified purpose is to keep their respective parishioners informed about community matters, needs, and effect a more efficient way of keeping in touch with all the people. One of the activities of this association is to keep a stockpile of food and clothes for people in emergency situations. These respondents felt that this accomplishment was an example of Child Advocacy's continuing effort to establish and maintain cohesion among the community.

3. Day Care. It is well known among the interviewees that Child Advocacy coordinated the efforts of local church groups and Social Services which has made the South County Day Care Center a success. The agency people and residents both feel that Child Advocacy's coordinating skill was the key factor in bringing the child care center to fruition. This center is now serving a greater need than before. The enrollment is nearly up to full capacity.

Since the discontinuation of a Title III Early Childhood Project, "Growing Together", Child Advocacy has helped residents to organize an alternative day care program through Growing Together, Inc., a nonprofit corporation made up of community residents. This program was designed to fill the needs of children and families who were left without day care when the Title III Early Childhood Project was cancelled. The residents feel that the support and encouragement extended by Child Advocacy were a large factor in enabling them to maintain their spirit through the disappointing period when the Title III project was cancelled. In addition, residents have stated that Child Advocacy's direct assistance gave them the methodology and understanding they needed in order to form a nonprofit day care alternative called Growing Together, Inc.

4. Health Services. Agency representatives from both Health Department and schools agreed that Child Advocacy was influential in coordinating with the Health Department for some additional services. One respondent from the school system referred to the speech and language training program now offered at the Health Department as one promoted by Child Advocacy. The Health Department, however, felt that many of its changes were initiated by its own personnel.

The Health Department made reference to the infant stimulation program started by one of the department's nurses. The residents usually noted the increased doctor hours from one night to three nights a week plus Saturday.

5. Cheltenham. The Cheltenham Project is mentioned as a current example of where the Child Advocacy Program negotiated with the county and state agencies for a broadening of services to children. The present purpose of Cheltenham is to provide care for youth with delinquency problems. It is hoped by school, social service and mental health representatives that this installation will soon extend its services to include day and residential treatment programs for emotionally disturbed children and adolescents, outpatient mental health treatment, and educational programs to children with other adjustment problems. These new services would be provided by a joint effort on the parts of Social Services, Health Department, and schools. While agency people are hopeful that this new program will begin this summer, plans for this project are still being negotiated. Child Advocacy's role was seen as a very significant one in bringing about change in serving children with emotional handicaps.

6. Transportation. Both residents and agency people indicated that changes in transportation services have been the slowest to evolve. School and Health Department people noted that, in the past, Child Advocacy's aides provided some direct transportation service, upon request, for children in need. Interviewees from both of these agencies mentioned the gap in transportation services which resulted when Child Advocacy was forced to reduce its number of aides to one. Residents mentioned that Child Advocacy is now involved in negotiating with the county for use of the bus maintained by the Parks and Recreation Department. Problems with the use of this bus have arisen over such things as the proper driver licensing, insurance, and disputes about who has primary control over how and when the bus will be used. These residents expressed confidence in Child Advocacy as being able to work out these present difficulties. These residents felt that the Child Advocacy staff has the necessary skills required for successful negotiation of this issue.

According to three residents and a school representative, R.S.V.P. provides bus transportation for senior citizens. Use of these buses for other purposes has been very limited.

7. Parent Groups. Parent discussion groups have been organized and supported by Child Advocacy. Originally the aides were trained to lead parent discussion groups. Several resident-mothers felt that Child Advocacy's role in providing leaders has been greatly reduced since they only have one aide this year. These residents stated that other interested mothers in the community have taken the initiative and formed additional parent groups in an effort to satisfy this need. It was mentioned that these parent groups have taken different directions. For instance, there are mother's groups which focus on providing supervised play for preschool children, parent effectiveness training groups, and parent discussion groups. A school representative noted

that the white middle class mother is more widely represented among these groups at this time. This was viewed, however, as a positive overall indication. Social and behavioral changes within this community tend to be slow, moving from a middle socio-economic stratum to include other socio-economic strata. The residents and school representatives feel that interest shown in these kinds of groups appears to represent a growing awareness and sensitivity of the needs of children. Many interviewees attribute this to strides Child Advocacy has made within the community in identifying children's needs.

8. Therapeutic Services. It was the perception of several agency people and residents that Child Advocacy was instrumental in securing Family Service Counseling Program located in the Baden Complex. It was felt that this has changed and upgraded the level of therapeutic services available to families. In addition, these people are aware that two former Child Advocacy Aides were able to meet the employment qualifications set by Family Service. It was said that Child Advocacy had been effective in encouraging and providing a way for their aides to gain personal growth and confidence through the Child Advocacy aide training program.

The preceding examples were the only direct accomplishments mentioned by the interviewees. In reviewing them, it can be concluded that Child Advocacy helped the community accomplish changes so that the needs of children could be better served. The perception of Child Advocacy is accomplishments in initiating external changes within the community focused on two main attitudes. First, residents and school representatives felt that Child Advocacy was aggressive in initiating programs and increasing community enthusiasm. Second, other agency personnel tended to see Child Advocacy as a group supportive of changes their respective agencies were making in the community.

Perception of Child Advocacy's Internal Accomplishments

During the fall, 1973, agency representatives and area residents were interviewed. At that time it was the interviewees' feeling that interagency and intracommunity communication patterns with Child Advocacy needed strengthening. It was also felt that Child Advocacy was experiencing a lull or lag-time between their successful spearheading of the South County Day Care Center and other newer projects.

Compared with the 75 percent positive responses given by interviewees about Child Advocacy's accomplishments in 1973, 100 percent of the interviewees in 1975 indicated that they felt positively about Child Advocacy's accomplishments. Current feeling in the community indicates that the improved communication pattern is responsible for the change. In verifying this, interviewees pointed to Child Advocacy's many external accomplishments coordinated during the past one and one-half years. The residents and agency people state several reasons for the stronger communication patterns and reduced lag-time.

First, agency people note that Child Advocacy increased its coordinating efforts with their agencies. Agency people said that this made them feel more comfortable with the role Child Advocacy had carved out for itself in the community. Currently, agency people recognize that Child Advocacy's work is largely class oriented as opposed to case oriented. The original uneasy feelings which had developed over the casework issue have now subsided. Agency people also feel that Child Advocacy is not encroaching into their sphere of influence as was once thought. Boundaries among agencies and Child Advocacy are much more relaxed.

Second, several community residents feel that there has been an increased use of the media throughout the community. For example, newsletters, bulletins, and news articles circulate freely. One community-minded columnist makes frequent note of Child Advocacy's work in the local newspaper. They feel that these kinds of activities have facilitated intracommunity communication and increased the acceptance of the Child Advocacy Program.

Third, one individual cited that the personality changes in the community have provided a route to improved communication. It is not clear from this point of view if strengthened communications promoted changes within the community, or whether personality changes within the community allowed more open channels of communication to exist. Nevertheless, an opposite view was expressed by another member of a community action group when stating that the community has not changed; rather, agencies have adapted their services. Needless to say, the interactive quality of the various community elements has had a snowballing effect on community relations and communications.

As an example of this effect, one resident felt that the barriers to race are loosening up. This individual felt that racial integration within the schools and churches has put people of differing backgrounds in touch with each other. Old fears are slowly withdrawing. In addition, the conservative "old guard" is felt to be changing along with everyone else. Another source referred to the new "social fabric" of the civic organization. This new social milieu is felt to be instrumental in helping provide a little more understanding of the community's needs.

It appears that the agencies, as well as this basically guarded community, are letting down some of the fences that have up until this time impeded its growth. A community action group member and some residents felt that some of this social change has been a result of the continual and gentle prodding of Child Advocacy. One individual summed up the general feeling in saying:

> "While it has taken three to four years for Child Advocacy to take hold, they have had more success in pulling this community together than any other group. They are the 'unsung' heroes in the Baden area."

As a summing observation, it appears that Child Advocacy has been responsive to the community's needs and criticisms. It has taken steps during the past one and one-half years to strengthen and tighten up its position as a coordinator and advocate of children's needs. It appears to have done this through changing its communication patterns. This had the added effect of reducing the lag-time between projects.

Summary

Several aspects of Child Advocacy's accomplishments are continually referred to either by residents and/or agency personnel. The following is a dichotomous breakdown of the interviewees' perception of accomplishments effected by Child Advocacy:

Residents

1. Coordinating the development of the South County Day Care Center
2. Providing methodology for establishment of a nonprofit day care alternative - Growing Together, Inc.
3. Initiating the organization of a Ministerial Association
4. Parent Discussion Group leadership
5. Inroads in providing for the use of a bus maintained by Parks and Recreation Department
6. Helping obtain more health services and additional medical services
7. Providing services to schools and other agencies in helping to develop educational programs and therapeutic care for the emotionally handicapped youth
8. Helping establish community cohesion, mainly through increased and meaningful communication
9. Establishing credibility by actually accomplishing tangible goals

Agency Representatives

1. Provided for a council to serve as a forum for new ideas and bringing agency people together
2. Instrumental in bringing a Family Service Counseling Program to the Baden Complex

3. Provided assistance in planning more after school recreation (School-Community Center Program)

4. Provided transportation services and planning

It is clear from the statements made by the interviewees that Child Advocacy has brought about many changes through its accomplishments in this community. It appears that from the perceptions of the interviewees, Child Advocacy has made a difference in the Brandywine-Baden-Aquasco area.

Conclusions

The experience of designing and applying a child advocacy system has led to these conclusions:

1. The success of the Child Advocacy Program supports the notion that the Systems Approach Model can be effectively and successfully applied to advocating for children in a community setting.

2. The Systems Approach Model was most effective in bringing needs and data to bear on decisions by and among community organizations and agencies.

3. The success of an advocacy program based on the Systems Approach Model most probably requires a professional advocate to initiate, coordinate, and follow through on plans, decisions, strategies, and evaluations that are agreed upon by the community agencies and organizations.

4. The Systems Approach Model is well suited for class advocacy (finding and implementing solutions for needs experienced by groups of children), but not adequate for directly responding to the needs of individuals in crisis situations.

5. The Systems Approach to advocating for children in a community is a general approach. There is no apparent reason why it should not work as well in any community as it has in southern Prince George's County.

6. Other communities that plan to use the Systems Approach Model for advocating for children might be well advised not to employ paraprofessionals to engage in the advocacy task unless or until a strategy adapted by the community requires the services of paraprofessionals (or unless the Systems Approach is supplemented with a case or crises intervention component which might include roles appropriate to aides).

7. It requires time for an advocacy organization to establish credibility in a community. In the third and fourth years of operation, the Prince George's Program began to get requests from other agencies and organizations within and outside of the community asking for advice, help, and cooperation in responding to needs of children.

8. If funding is required in implementing a particular strategy, that funding should be independent of the Child Advocacy System. This approach fosters real and more permanent community change and allows the continued existence of programs and services which developed out of the Child Advocacy Program, even if that system (for planning, coordinating, etc.) is no longer funded.

9. Perhaps the greatest strength of this Systems Approach Model is the strategy spectrum, in which all possible solutions are considered. Frequently, in planning community change, only one strategy is considered and tried; if that strategy fails for some reason, those involved give up, frustrated and discouraged.

Chapter V

Recommendations

The Child Advocacy Program in Prince George's County, Maryland, has been a pilot program designed to test the effectiveness and the adequacy of the Systems Approach Model for mobilizing and coordinating community resources to respond to the needs of children in the community. From the history of this experience and building upon the products and results of applying this process-oriented model, the following implications and recommendations appear to be appropriate:

1. It is important to develop a profile of needs and to document those needs as the basis for planning. It is easy to lose contact with the needs of the children and to focus on services and programs, although many services are built on these needs.

2. Assumptions about needs should not be made without clarifying those needs; otherwise, the resulting system will be insensitive to the needs of the children.

3. Agreement on observable objectives prior to planning strategies is crucial. This is especially true in interagency planning and when community involvement is strong. Sharing of resources will make sense only in view of such agreement.

4. In dealing with children, sharing of responsibilities among agencies and with parents is essential. This sharing should be reflected in the cooperation among agencies and in the involvement of parents and children (when appropriate).

5. Frequently, only one strategy is considered and tried; if it fails for some reason or if it cannot be carried out (because of lack of funds, for example) those involved give up, frustrated and discouraged. Perhaps the greatest strength of the systems approach is the strategy spectrum, in which all possible solutions are considered.

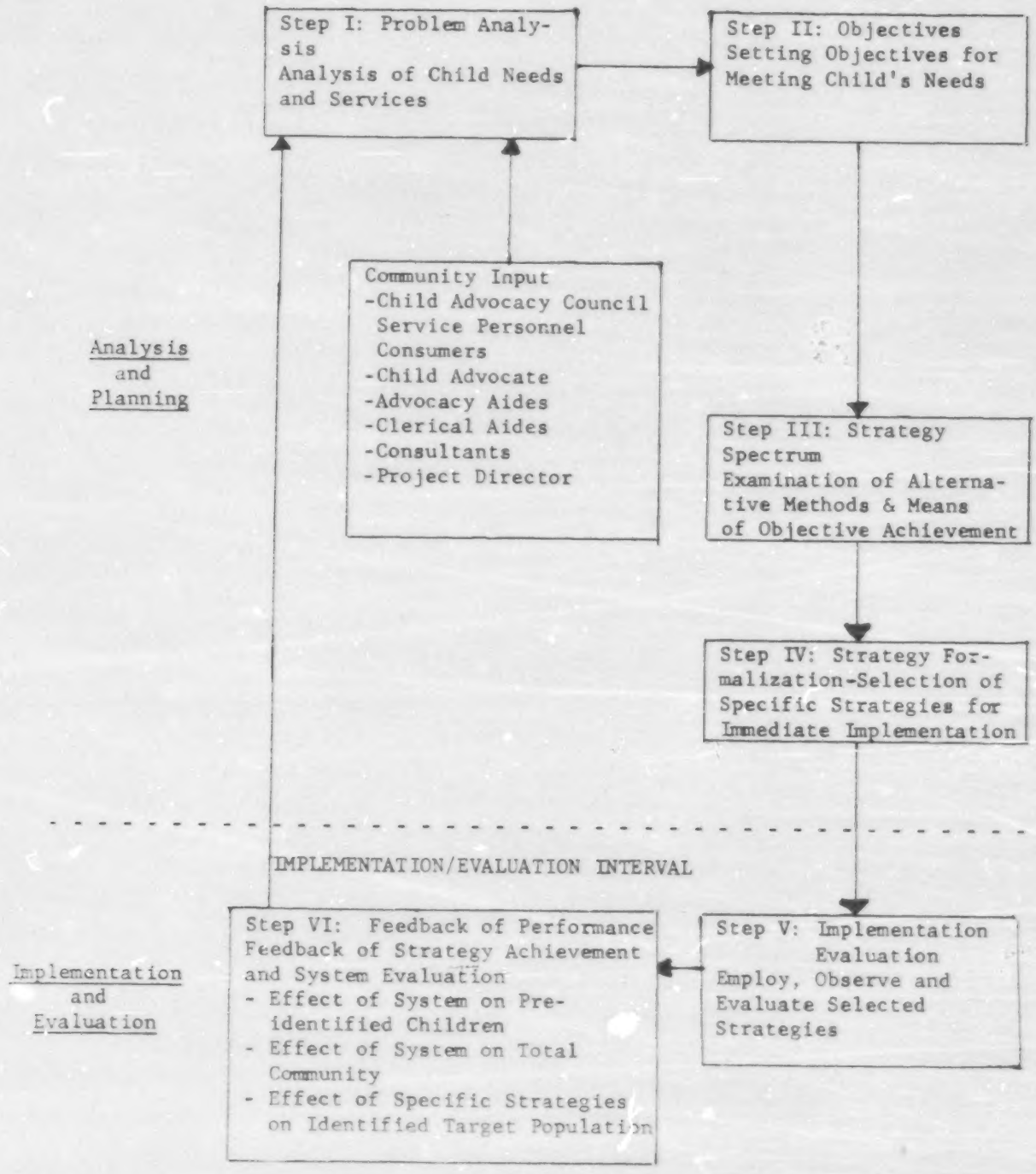
6. A professional level staff is essential to develop and oversee the complex plans and designs involved in this systems approach. This staff should have skills in: (a) communicating and negotiating with community and agency people (sometimes ranging from heads of agencies to parents), (b) proposal writing and design, and (c) managing the activities of diverse groups of people.

7. If funding is involved in implementing a strategy, that funding should be independent of the child advocacy system; this allows the continued existence of programs and services which developed out of the child advocacy system even if that system is no longer funded.

8. The systems approach used in this model should have evaluation built into its design. Success is not determined by the existence of a program nor by the size of a staff, but by how well the identified needs are met.

Att. A

CHILD ADVOCACY SYSTEM FLOW MODEL


Step I: Problem Analysis
Analysis of Child Needs and Services
Step II: Objectives Setting Objectives for Meeting Child's Needs
Community Input
-Child Advocacy Council
Service Personnel
Consumers
-Child Advocate
-Advocacy Aides
-Clerical Aides
-Consultants
-Project Director
Analysis and Planning
Step III: Strategy Spectrum
Examination of Alternative Methods & Means of Objective Achievement
Step IV: Strategy Formalization-Selection of Specific Strategies for Immediate Implementation
IMPLEMENTATION/EVALUATION INTERVAL
Step VI: Feedback of Performance
Feedback of Strategy Achievement and System Evaluation
- Effect of System on Pre-identified Children
- Effect of System on Total Community
- Effect of Specific Strategies on Identified Target Population
Step V: Implementation Evaluation
Employ, Observe and Evaluate Selected Strategies
Implementation and Evaluation

B

THE CHELTENHAM PROJECT:

Prospectus for a

Community Resources Center

for Children and Youth

Revised Draft

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May 1975

B-2

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Preface

This is a revised draft of the prospectus for the Cheltenham Project. It provides an overview of the most up-to-date thinking of the members of the interagency task force assigned by the Prince George's County Council to develop plans for the utilization of the facilities at Boys' Village of Maryland in Cheltenham. The proposed programs and services, which are described in this prospectus and recommended by the task force, have been further refined and developed.

The concepts, proposals, and design outlines presented in the original draft of the prospectus (and in accompanying documents) met with broad approval and acceptance in principle and in many specifics by the agencies involved. The further refinements in this draft have been made to prepare the overall project, with its specific programs and services, for final negotiations among agencies and prompt implementation.

INTRODUCTION

The very fact that this report is being written and presented to the appropriate agencies of the county and the state government is testimony to the tremendous growth in awareness and sensitivity to the needs of children and youth in Prince George's County. As an entire community (parents, agencies, specialists, and ordinary citizens) there is recognition of our shared responsibility for the growth and development of all of our children. This report not only reaffirms the ideals upon which this understanding of community responsibility is built, but gives practical and meaningful application to those concepts.

Some of the problems which are addressed in this report are the kinds of difficulties which have defied attempts at solutions for many years. Children and youth with emotional and social adjustment problems are particularly difficult to understand and often impossible to get along with. They test the limits placed upon them by families, schools, and communities to the point that our "solutions" have been more protective of the "normal" population than truly helpful and appropriate to the needs of these children.

Through its recommendations, the Task Force is stating its conviction that these children and young people must be considered an integral part of our community, and the services and programs which are designed to address their special needs must be included in the fabric of our society. If these children are to become functioning and productive individuals, they must be granted the "right to receive care and treatment through facilities which are appropriate to their needs and which keep them as closely as possible within their normal social setting." (Report of the Joint Commission on Mental Health of Children.)

BACKGROUND AND HISTORY

The Origins of Planning

In the range of programs recommended by the Task Force, the population of children and youth and the kinds of needs being addressed cover a broad spectrum. This effort is part of a history of program planning for which the goal has been to develop a comprehensive range of services. Many of these services now exist and work effectively in regular and special education settings for young people with adjustment and learning problems and other handicapping conditions. Several categories of need have stood out in recent years as areas for which very little has been provided in this continuum of services: (a) children and adolescents with emotional problems, (b) junior high students with disruptive patterns of social behavior, (c) students with vocational needs who are too young for available vocational programs, (d) children who are vulnerable to developing serious emotional problems and who are in need of early intervention.

Discussion of ways to provide meaningful and effective programs for emotionally disturbed children and youth goes back a number of years. There is a history of concern for the lack of programs and the need for interagency coordination in the work of groups such as the Mental Health Advisory Committee and the Interagency Task Force for Emotionally Disturbed Children and Youth. The interest of county government, various local agencies, and community people has been demonstrated through these efforts.

Efforts to address the problems prevalent at the junior high level have their origin in the DIRE project and numerous discussions of "disruptive" students. Some alternative education programs have been instituted to provide more meaningful and effective educational programs. The range of alternatives established during the past two years included Resource Rooms in some junior high schools and several learning centers. The "diagnostic and developmental resource center" recommended in July 1973 is now being pursued as a component of the Cheltenham Project. The need for vocational and pre-vocational programs has been a significant element in program designs which have been recommended for this target population. Prevention and early identification programs which have the capacity to intervene educationally and therapeutically and to follow children back into the regular school setting have been recommended as an important dimension in efforts dealing with emotional impairments.

Because of the potential for program development at Boys' Village, the Task Force has extended its original emphasis on programs for the emotionally impaired to include additional services and to address a broader range of needs such as, vocational needs and behavioral/learning problems.

Description and Documentation of Need

A. Emotional Problems - Moderate to Severe

In order to have a clear understanding of one of the needs addressed, the following definition might be helpful:

"An emotionally disturbed child is one whose progressive personality development is interfered with or arrested by a variety of factors so that he shows impairment in the capacity expected of him for his age and endowment: (1) for reasonably accurate perception of the world around him; (2) for impulse control; (3) for satisfying and satisfactory relations with others; (4) for learning; or (5) any combination of these." (Report of the Joint Commission on Mental Health of Children, published 1969.)

While there are no completely accurate, up-to-date figures on the dimensions of this problem, it is estimated (nationally) that 0.6 percent are psychotic, another 2 to 3 percent are severely disturbed, and an additional 8 to 10 percent need specialized services for mild to moderate emotional problems. Less than 10 percent of these children with problems are receiving treatment (national estimates).

The information available locally is incomplete and represents some duplication; i.e., more than one agency is providing purchase of care and/or service funds for the same child. This combining of funds is necessary and appropriate because of the high costs involved. Since completely accurate figures are not available, the estimates listed below were made by extrapolating from the

information which could be obtained. The available data from local agencies which are involved in purchasing services (Board of Education, Department of Juvenile Services, and Department of Social Services) indicate the following: (a) in 1972, approximately 238 children in residential treatment; (b) an additional 84 in placements due to "learning disabilities"; (c) at any one time there are between 20 and 30 adolescents in Spring Grove State Hospital from Prince George's County; (d) as of March 31, 1975, the Department of Social Services in Prince George's County had responsibility for purchasing 24 hour care for 87 children and adolescents with an overall budget for the current fiscal year of $662,000 (they estimated that many of these children in institutional placements could use day treatment programs-(as opposed to the more costly residential care)-if such programs (with funding) were available); and (e) the cost for students eligible for tuition reimbursement for residential and day treatment and educational programs through the school system was:

	1974-75 Estimate
Number of Students	466
County Share of Costs	$ 491,750
State Reimbursement	1,157,000
Total	$1,648,750

It should be noted that for the coming year (FY 76) the regular aid and excess cost aid categories have been combined. Of the 466 students for whom there was some tuition assistance, only 106 received excess cost aid in FY75 accounting for $942,000 of the $1,157,000 in state reimbursement. For the remaining 360 students receiving "regular aid," only $706,750 was available ($491,750 = county share and $215,000 = state share). Because all students eligible for tuition assistance in 1975-76 will receive excess cost aid, the requested budget has risen to $1,876,228.

Approximately one-half of the school-age children receiving tuition aid for special private placement have been classified as emotionally handicapped in requests for aid to the Maryland State Department of Education. The cost of these placements increases each year. Currently, day school/treatment costs range from $5,000 to $10,000 per year and residential treatment costs range from $14,000 to $42,000. There remain many other children and youth in the county who are in need of special services but who are currently receiving little or no help because of limited funds and/or the lack of locally available programs.

In a sample of children and adolescents considered possible candidates for the Psychoeducational Treatment Center at Cheltenham, information about their current placements indicates the following:

Children (7-12 years of age)

	Day Program	Residential Program
Number	7 (6 boys & 1 girl)	10 boys
Overall Cost	$73,391	$159,558
Average Cost per Child	$10,484	$15,956
Range	$7,921 to $12,985	$9,600 to $21,827

Adolescents (13-18 years of age)

	Day Program	Residential Program
Number	1	38 (37 boys & 1 girl)
Overall Cost	$12,790	$426,785
Average Cost per Student	$12,790	$11,231
Range	$ 12,790	$7,225 to $24,260

These costs are expected to rise considerably during the next year (1975-76).

For a number of years, there has been concern about the cost as well as the quality of the current placements. Many of these placements have limitations in their treatment and/or educational components. Because of their location out of the county, and, in many instances, out of the state (as far away as Hialeah, Florida), all of these facilities have the serious limitation of being unable to work in a meaningful way with families, local schools, and other community resources. This hampers the transition of children and youth in treatment back into a normal living environment. With this gap in process of restoration and rehabilitation, it is not surprising that many of these children continue to have adjustment problems and some get worse, requiring more lengthy and serious treatment.

B. Emotional Problems - Mild to Moderate

Another target population whose needs are addressed in the range of programs included in this project is the elementary age child described as "vulnerable" to developing learning and emotional problems because of early adjustment difficulties. Vulnerability is defined in the Special Education bylaw (13.04.01.01) as "a level of functioning at which present skills, life events, behavior, and psychological attitude are so limiting that the pupil appears to be programmed for inevitable learning failure." This need is estimated to make up a portion of the 8 to 10 percent of children who require specialized services for mild to moderate emotional problems (Report of the Joint Commission on Mental Health of Children). These are children for whom a "closer look" is required in order to determine their educational and psychological difficulties which interfere with normal, expected learning and to devise remedial approaches that are applicable in the school setting.

C. Adjustment Problems: Junior High Level

In the spectrum of needs considered in this planning effort, the junior high school population stands out as an age group with problems which are complex and difficult to deal with in the standard fashion. While many of these students are well served in their regular junior high school programs and some are making use of the alternatives which are currently available to them, it is clear that a significant portion of this population continues to experience difficulty in adapting to the system. The concern of junior high school teachers and administrators is verified in the fact that 65 percent of short and long-term suspensions occur at this level. There are at least 2 to 3 students in each of the county's 41 junior high schools for whom the regular school setting, however modified, is counter-productive for those students as well as the rest of the school. There are currently 40 junior high school students on extended suspensions for the remainder of the school year.

D. Vocational Needs

The need for vocational alternatives cuts across all of the target population described above. The Croom Vocational High School is fully utilizing its limited facilities and is in need of expansion in the direction of doubling its enrollment of 100 students. Perhaps the greatest need for vocational and technical programs is the junior high student who is described as disruptive and is on the verge of dropping out of school. The development of pre-vocational programs is critical if younger adolescents are going to have practical opportunities to explore vocational areas which might prove suitable to their interests and abilities.

Recent events have made actions to meet these needs more necessary and possible; these include: (a) the new Special Education Bylaw regarding programs for handicapped children; (b) recent court decisions; (c) development of an interagency proposal for a "day treatment center" for children; and (d) the potential availability of the facilities at Boys' Village.

Special Education Bylaw

Bylaw 13.04.01.01, regarding programs for handicapped children, will become effective in July 1975. Handicapped children are defined in this Bylaw as "those persons through age 20 who have been determined, through appropriate educational assessment, as having temporary or permanent difficulties arising from cognitive, emotional, physical, perceptual factors, or any combination thereof; and who require special educational programs and services as an educational intervention." In recent court decisions as well as in this Bylaw, State and local education agencies are mandated to "... provide free educational programs and services for all handicapped children. ...Both direct and indirect services may be provided. Direct services may take the form of either a supplement to a child's regular program or an alternate program. Indirect services may consist of such services as consultation with regular teachers and parents, special alterations in plant or facility, additions of special equipment, or provision of special learning materials." Both the State and local educational

agencies, in collaboration with other State and local agencies and other resources, are further mandated to "...establish, implement, and maintain (State and local) interagency coordination to ensure the development of interagency planning and implementation of programs for handicapped children." (Quote taken from Bylaw 13.04.01.01.)

Earliest Planning Effort

As the culmination of years of discussion and planning among interagency groups, and further stimulated by the enactment of the Special Education Bylaw, a proposal was developed in the spring of 1974 for a "day treatment center" for children, ages 8-13, with moderate to severe emotional problems. A more detailed description of this proposal will be included with the recommendations of the Task Force (later in this report). This proposal was the initial focus of efforts to develop local programs for children with emotional problems. It was the starting step toward bringing children back who have been placed out of county and State. An interagency team was involved in the design and writing of the proposal. Efforts to secure funds from several different sources and to develop meaningful and workable mechanisms for sharing resources were centered around this proposal.

Boys' Village of Maryland

Shortly after the designing and writing of the interagency proposal was under way, the potential availability of space at Boys' Village of Maryland in Cheltenham came into the picture. In light of this availability and the great potential this site has for multiple use, the interagency committee expanded its focus to include other target populations along with children and youth with emotional problems.

Boys' Village is a correctional facility which has been operated by the Department of Juvenile Services for many years. The facilities at Boys' Village have had the capacity of serving in residence 250 to 300 boys. During the past year the institutional program for juveniles has been phased down considerably; this change has come about because of a change in the law regarding the placement of "children in need of supervision" (CINS) in correctional facilities. By July of 1975 the institutional program operated by the Department of Juvenile Services will have a capacity of 50 to 60 juveniles. This will be a Regional Detention Center for Prince George's and the tri-county area; it is estimated that 90 percent of the juveniles detained at the center will be from Prince George's County. The maximum length of stay in this center will be for 30 days. The State Department of Juvenile Services will staff and administer its own program utilizing two of the cottage facilities which have security arrangements to isolate them from the remainder of the campus. State officials have expressed a willingness and desire to purchase some services from local agencies when appropriate.

The total property at Boys' Village encompasses approximately 1080 acres of land. The campus area (see attached map) includes: an administration building; ten (10) cottage buildings; a school building (11 classrooms, 5 vocational shop areas, gymnasium, and auditorium); an infirmary-health services building; a cafeteria building; athletic fields, an outdoor swimming pool,

several staff residence buildings. There are also a number of farm buildings which have not been used for a number of years; some of these are questionable in terms of their usefulness. The brick cottages vary in their condition, and some will require repair and renovations.

Apparent State Priorities

Boys' Village of Maryland is owned by the Department of Juvenile Services which is part of the State Department of Health and Mental Hygiene (DHMH). The Department of Health and Mental Hygiene will maintain owhership of the property and through a "change of use" procedure will allow the development of other programs using these facilities. Some priorities have been established for program development. The Regional Detention Center operated by the Department of Juvenile Services has top priority for two cottages; the selection of these cottages and the phasing in of the program is already under way.

The Mental Health Administration, which is also part of DHMH, has priority for the development of day and residential treatment programs for emotionally disturbed adolescents; their concern is regional (that is, Prince George's and the tri-county area). While the Mental Health Administration has included funds in its budget to operate this program, State officials (MHA) have stated their preference for purchasing care and service from a locally operated program.

The third possible priority of the State (DHMH) is a program operated by the Mental Retardation Administration (part of DHMH) for the mentally retarded with aggressive behavior (delinquents). As we understand it, this program will have a capacity of 24, and the MRA will provide the complete staff to provide care and treatment in one of the cottage buildings. The security arrangements which will be necessary have not been specified at this time. It should be noted that this third priority had not been mentioned to the county planning group until it began to be accomplished in January 1975; that is, individuals were already placed at Boys' Village before county planners were notified. It is our understanding that this is a tentative arrangement which is dependent upon the overall programming agreed upon for the center. The task force views this third priority as quite possibly opposed to the whole concept designed in its recommendations.

County Task Force

As noted above, the availability of space at Boys' Village gave further impetus to local interagency efforts to bring children with emotional problems closer to home and to explore other program possibilities. A number of new issues were also created regarding the overall use of these facilities (e.g., other programs to be developed, interaction of activities and programs, control and management of the center, relationship with the community, special versus normal community needs). To address these issues, a meeting of the heads of county agencies and some State level representatives was called by Mr. Richard Dunne (Office for the Coordination of Services to the Handicapped, Prince George's County) on July 23, 1974. At this meeting there was general support for the proposed program for children with emotional problems as well as

enthusiasm for the development of other programs at the Boys' Village site. That very day, a County Council Resolution (CR-82-1974) was drafted and unanimously passed and signed by the County Executive creating a Task Force charged with the assignment to design a program or programs to meet the needs of children and youth with emotional problems using the facilities available at Boys' Village. Task Force members have shared the understanding that these programs would include a spectrum of services, ranging from prevention and early identification through treatment and rehabilitation. (A list of Task Force members is attached.)

Over the past nine months, there have been a number of Task Force meetings, subcommittee planning sessions, liaison meetings with State officials, and a day-long workshop at the Boys' Village site for about 60 participants. A great deal has been accomplished through these activities and through other contacts of Task Force members within their own agencies and with the community. Even given the complex issues involved in this planning and the fact that some questions cannot be totally answered and resolved, the degree of consensus achieved has been remarkable and level of support and enthusiasm is very high.

TASK FORCE RECOMMENDATIONS

General Principles and Concepts

In designing programs for this center, there has been great concern expressed about the impact of these services on the children and youth involved as well as their families and the community. The Task Force members felt that it is important that the overall image of the center (both in its spirit and practice) is not seen as being outside the limits and fabric of the community.

1. Sense of Community. Looking at past experience we have learned that forms of intervention which remove the child from his normal environment can be detrimental, even though the intention and purpose might have been to aid the child. Therefore, the sense of community is crucial from two different points of view: (a) the perception of the individual (child or youth) that he is an accepted member of the community; this viewpoint comes very close to a sense of belonging, and it does not evoke a feeling of alienation; (b) the perception of the community that individuals labeled as different from others are an integral part of that community; that not only are handicapped children accepted as a responsibility but such diversity and the experience of working together on such problems can be a strength for the community. In order for this concept to become a practical reality, it must be seen as a site not only for special programs but for use by the general population (for example, recreation, health services, park lands).

2. Continuum Model. This is an attempt to remove the stigma of "special programs" and the barriers that ensue; that is, children should not simply be labeled and placed in some special center or program with the assemption that such placement constitutes adequate treatment when, in fact, this only separates them from a broader range of services. The services needed to restore the child to a normal environment are incorporated in a comprehensive plan of intervention, and those services follow the child through a variety of settings toward the goal of restoration.

3. Interagency Responsibility. In cases involving emotional problems, responsibilities may be divided among parents, school, and a number of community service agencies. In these cases in particular, the normal boundaries of influence and responsibility can present barriers to obtaining the help required or allow gaps in services to exist, leaving very obvious needs unmet. Therefore, especially in dealing with emotionally disturbed children, any programs which are designed must include provision for family and interagency involvement marked by cooperation and coordination.

4. Phase-In Factors. Because of the number of complex issues and problems being addressed in the design of this project, there are aspects of planning and implementation whch require time to develop. It would not be wise to begin immediately with large numbers of children and full-scale programs. Experience is needed with smaller, more manageable programs in order to make the decisions about expanding in directions which are workable and appropriate to our local situation. Therefore, some types of incremental development of programs is called for by the Task Force. The size of the

initial programs and the target populations which they serve will be limited so that the growth which takes place will reflect the experience gained by the community and the staffs of the various programs. It should be understood that there will be some additional expenses incurred in the start-up phases of the overall project.

Recommended Programs and Services

In each of the programs and activities described below, the recommendations are more specific regarding steps to be taken during the initial implementation of the first and second years of operation. The Task Force members have agreed that it will take about five years to develop these recommended programs to the point that they are serving sizable target populations with complete staff and the mechanisms for coordination worked out.

Center and Resource Staff

In line with the emphasis throughout this project on sharing and combining resources, a number of positions (or parts of positions) have been moved from specific programs at the center and placed in a "resource staff" which is available to each of the components. These include positions such as, media specialist, speech therapits, physical education teachers and aide, vocational evaluator, motor development specialist, and art and music teachers. The clerical staff has also been combined for the entire center for more efficient and effective use. A Center Director and a staff assistant will oversee the entire project; these positions will be responsible for directing the initial phasing in of programs as well as the long-range development of each of the components. Many complex factors will be involved in directing this project, such as, interagency coordination, multiple sources of funds, interaction with existing programs and services in the community, and development of community involvement and acceptance.

Psychoeducational Treatment Center

This component of the Cheltenham Project calls for the development of a program which will serve a total of 72 students, 48 of whom would be adolescents (13 to 18 years of age) and 24 children (8 to 13 years of age). These are children and youth who are experiencing moderate to severe emotional problems. During the first year the center would develop the capacity to serve these students on a day and residential basis. It is anticipated that the day program would be established first especially for the younger age group; some children requiring full-time care would be handled in group and foster home placements. The complete residential elements of the program would be phased in during the first year (see attached staging plan, Attachment D).

Of the total enrollment of 72 students to be served in the first year, 6 to 8 of the 24 children will be residential students, and 20-24 of the 48 adolescents will be in residence.

The students would be screened and selected by an interagency committee (which has already been appointed and which has experience in this process) and phased into the program by the staff. The staff for the center will be organized into interdisciplinary teams under the direction of the program administrator. Each of these teams is designed to serve a group of 24 students and can be duplicated as the program expands in subsequent years.

The therapeutic and educational aspects of this program will provide services to other programs at the Cheltenham site. The feasibility of sharing resources in this manner is one of the most important developmental aspects of the overall project.

When a student is accepted into the program, the staff (in collaboration with referring agents and resource specialists) will develop a comprehensive plan which will include: (a) the basic education program (in many instances this will be individualized to meet the specific educational needs of the student); (b) the counseling with the student and family; (c) planned interaction with the local school program; and (d) prognosis and possible transitional steps back into a normal setting. The parents will be expected to meet with the staff who will describe the center's plan for the student, enlist the parents' cooperation with the plan, involve the parents in the decisions to be made, and provide counseling when appropriate.

Alternative Education Program

This proposal developed out of efforts to provide meaningful educational alternatives for junior high age students (13-16 years of age) who are identified as "disruptive." This program would serve approximately 40 junior high students at any one time. In broad concept, the program would be designed to provide the following: (1) counseling capacity to work with individuals, groups, and families; (2) diagnostic evaluations (educational and psychological) to determine specific strengths and weaknesses; (3) innovative educational approaches which capitalize on student motivation; (4) intensive individualized instruction; (5) specific skill building (in areas such as study habits, note taking, organizing and carrying out homework assignments); (6) close liaison with the referring school; (7) consultation (through workshops and training sessions) with regular education staff regarding appropriate program adjustments; (8) appropriate vocational and prevocational training.

This program would be operated by the school system; however, there would be coordination and interaction with other programs and services at the center and in the community.

Vocational Component

This component is designed to serve as the vocational alternative for any and all of the students at the Cheltenham site. It could be expanded to have the capacity to serve other students in addition to those in the Psychoeducational Treatment Center and the Alternative Education Program, and will eventually develop the ability to evaluate vocational and technical skills and potential and to provide in-service training. The vocational program will gradually

phase in four areas of training: (1) Agriculture-Horticulture, (2) Building Maintenance, (3) Business Education, and (4) Automobile Services. Each of these areas will be staffed by a vocational teacher and an aide and will serve 15 students. At full operation, the program can provide training for 60 students (20 students from other programs and 40 additional). A job placement coordinator will develop opportunities for occupational experience in the community and will follow and interact with students involved in such placements. Other vocational training activities considered for future development include small engine repair and food services.

Learning Laboratory

This proposal is in line with the notion of extending the use of these facilities beyond the needs of the emotionally disturbed. This program is designed for elementary age children with special needs in an educational setting. They can best be described as "vulnerable" to more serious problems if preventative steps are not taken. They display poor attitudes and motivation, achieve below ability level, and might tend to be passive and isolated. This program will provide a short-term opportunity for a "closer look" at the needs, assets and liabilities of the child with a view toward developing specific recommendations for an educational program which can be used in the schools from which they are drawn.

This program is designed and staffed to serve 30 children between 8 and 13 years of age. The goals of this component are (1) to intervene with an intensive program of diagnostic teaching and (2) to provide direct assistance to educators in local schools in implementing educational programs/techniques found to be effective in dealing with these children. Children would be placed in this program for no longer than one semester. Coordination and interaction with other programs and services would be in line with the overall concepts for the center.

Health Services

The purpose of the health services component is to identify the physical health needs of the children and adolescents in residence at Cheltenham and to provide the necessary follow-up both at the infirmary and through referral to other health providers. The health component will provide appropraite health care to the students in the day programs (such as, minor emergency services and preliminary assessments of health needs). This will be by means of a thorough physical examination with the necessary laboratory work for some students (e.g., those in the Regional Detention Center) as well as a full range of health screening services for the 8 to 18 year age group. A health profile will be available for these students. It is imperative that there be an early identification of diabetes, tuberculosis, dental, venereal disease, speech and hearing and other health problems in order to prescribe a course of treatment. Treatment will be provided by a qualified medical staff at the infirmary or by referral to other county health resources such as the Prince George's County Health Department and the Prince George's General Hosptial.

The infirmary will be staffed on a 24-hour a day, 7 days a week basis to provide health care for the sick and injured children of both the residential

and day care programs. Infirmary bed care will be available for treating students too sick to remain in their program and who cannot be cared for in their cottage. In addition, bed care will be provided on an emergency or temporary basis, if needed, for those patients awaiting admittance to a hospital. Emergency and acute care patients will be referred to area hospitals.

Medication prescribed by the physician will be provided to patients by qualified nursing staff through a mechanism of obtaining the drugs and medicine from an area pharmacy on an "as prescribed basis." This will eliminate the need for a pharmacist at the infirmary. Prescription drugs and medication will be picked up daily, or as needed, by messenger service. Other medication will be administered by qualified nursing staff for minor ailments based on standing orders provided by the staff physician.

The Prince George's County Health Department will provide dental care to the residential and day care participants at Cheltenham. In addition, that agency will make dental care available to the school age (elementary through high school) children of the southern part of the county who, for whatever reasons, cannot avail themselves of dental services being presently provided at Health Department facilities located in Baden, Accokeek, or Cheverly.

Mental Health Services

A range of mental health services is interwoven in each of the programs for children and adolescents. The specific positions are listed in the attached budget. A psychiatric social worker position has been designated in this year's budget (Mental Health Bureau budget) for use in support of this project. This full-time position will be assigned to the psychoeducational treatment center as one of the therapists who will work in that program. As with the other therapist positions, there will be some extension of service to other programs at the center.

The mental health teams in the county will be able to work in support of the programs at this center through the outpatient and consultation services which they provide. This is especially true of the Southern Area Mental Health Bureau Team which has already participated in the design and development of the interagency proposal for the Psychoeducational Treatment Center.

Recreation Programs

Perhaps more than any other activity, the recreation program has the capability of bridging the gap between programs at the center and of reaching out to the surrounding community. The Recreation Department of the Maryland National Park and Planning Commission (MNPPC) is requesting a full-time recreational specialist (master's degree level) to work at the center in support of the special programs at that location. Staff members are also investigating the possibility of staffing an aquatics program this summer (1975) which could be used by the general public as well as the children and youth in programs at the center. For future development, the suggestion has been made that the swimming pool could possibly be enclosed for year-round use; other areas of the grounds lend themselves to additional development for recreational and leisure time use.

Hospital Psychiatric Services

Over the next couple of years, Prince George's General Hospital will be furthering the development of its psychiatric services for children and adolescents. Therefore, it is very important that there be close liaison between the Hospital and the programs developed at Cheltenham. The Director of Psychiatric Services at the Hospital feels that he and others associated with his program could serve as a technical resource to the programs being developed at Cheltenham. This type of assistance during the early stages will be extremely helpful.

Also, the Hospital will be starting a residency program in Child Psychiatry in July of 1976. It is possible that the Cheltenham Center could be developed as a training facility, which would provide additional psychiatric support to the center, such as, medical residents in child psychiatry and supervisory (medical) staff.

Family Life Center

Many of the programs described above call for professional resources which have expertise in working therapeutically with families as well as in individual and group counseling. The idea of a "family life center" would be to have a highly trained staff drawn from the participating agencies who could work in support of a number of different programs at the center. Services could also be developed for the community at large (family counseling workshops, courses, etc.) Such a service could save each of the other programs the expense of hiring its own experts in this area.

This suggested alternative is not developed sufficiently to be implemented in the first year but could become part of program expansion efforts.

Purchase of Care Arrangements

As mentioned in the documentation of need section, the Department of Social Services (DSS) and the Department of Juvenile Services (DJS) have responsibility for purchase care and services for a fairly large number of children and adolescents with emotional problems. Both of these departments will be assisted in their placement responsibilities by the development of these programs at Cheltenham. They have participated in the work of the Task Force and are involved in the interagency screening committee. Both will be represented on the interagency board and any advisory committees for the center. They also plan to have staff (perhaps a full-time position) work in liaison with these programs.

The purchase of care funds which are currently being expended by these agencies are viewed as a potential source of revenue for the programs at the Cheltenham Center. There will be start-up and developmental costs involved with this project which these agencies must consider in determining their fiscal participation.

The Department of Social Services will also be heavily involved with any children who are living in foster homes. It is difficult at this time to predict how many children in center programs will be in such alternative living situations.

Other Resources

Prince George's Community College, especially through its Community Services Office, has been involved in this project since the beginning. Staff assistance was given in the writing of the proposal for the Children's Psychoeducational Treatment Center. The Community Services Office organized and directed the activities of the day-long workshop at Cheltenham in November. Given the importance of conferences, in-service training, and team building activities in the various programs, the Community College will have an ongoing part using its conference and training role. It is also likely that some of the programs will develop training activities which might utilize students in training as mental health associates.

Other technical assistance is being provided by the Community Psychology program at the University of Maryland. This assistance has great promise as a support for program design and development.

Other community agencies will be called upon to consider additional services which might be appropriate to the center. The County Library System is an example of an additional resource which might contribute to the programs at the center as well as to the surrounding community.

Many of the adolescents in programs at Cheltenham will qualify for further assistance from the Department of Vocational Rehabilitation (DVR). The liaison and coordinating activities will be developed as part of the design of programs serving adolescents. DVR is represented on the interagency screening committee described above.

The Family Services Agency of Prince George's County, under a contract with the Mental Health Bureau and through funding which is not reflected directly in the costs of these recommended programs, will provide a number of group home placements as well as some treatment for students in the Psychoeducational Treatment Center at Cheltenham. Such placements will eliminate the need for residential programming for some students who cannot live at home.

Interagency Coordination

The key factor in the development of the Cheltenham Project has been the quality of interagency cooperation. As the project continues through its development and into the actual operation of program, this interagency cooperation will require a structure with mechanisms and procedures for coordination and collaboration. This structure itself will need time to evolve and to refine its activities. Each agency will continue to have its own responsibilities and legitimate interests to protect. The community should have appropriate representation on the structure developed for the interagency project.

A subcommittee of the Cheltenham Task Force is in the process of developing an administrative-organizational structure for the center. Because of the unique features of this project, questions of how interagency participation may be structured to effectively operate the program and to assure continuity of participation by the respective agencies must be addressed. There is an

interplay of this aspect of the project with questions of funding, legal responsibilities, and population identification which requires a clarification of policy intent by each of the participating agencies. Discussions of charter and/or contractual arrangements will determine the specific nature and character of the administrative-organizational structure.

Steps Toward Implementation

1. Administrative-Organizational Structure

After the discussions of the Subcommittee on the Administrative-Organizational Structure has reported its recommendations (re: charter and/or contractual arrangements) to the Task Force, each of the participating agencies must formally respond to the proposed structure and agreements.

2. Negotiations with and among State and local agencies

The attached "Revenue" sheet (see Attachment F) indicates possible sources of funds which appear to be appropriate for the operation of the Cheltenham Community Resources Center for Children and Youth.

The proposed programs will be presented to the State Department of Health and Mental Hygiene (the landlord of Boys' Village). Agreements will have to be worked out regarding a number of issues, including: specific space to be utilized, interaction with State programs, cost sharing for maintenance and plant operations, and needed repairs and renovations.

Contractual agreements related to funding the proposed programs and services must be negotiated with and among these State agencies: Department of Health and Mental Hygiene (which includes the Mental Health Administration and the Department of Juvenile Services), the State Department of Education (Divisions of Special Education and Vocational-Technical Programs), and Department of Social Services.

Funding available through local agencies (see Attachment F) will be included in the overall budget for programs and services at the center.

The attached budget estimates (see Attachment C) reflect the costs anticipated by the Task Force. Attachment C also shows the actual fund required if the staging plan described below is implemented.

3. Staged Development of Programs

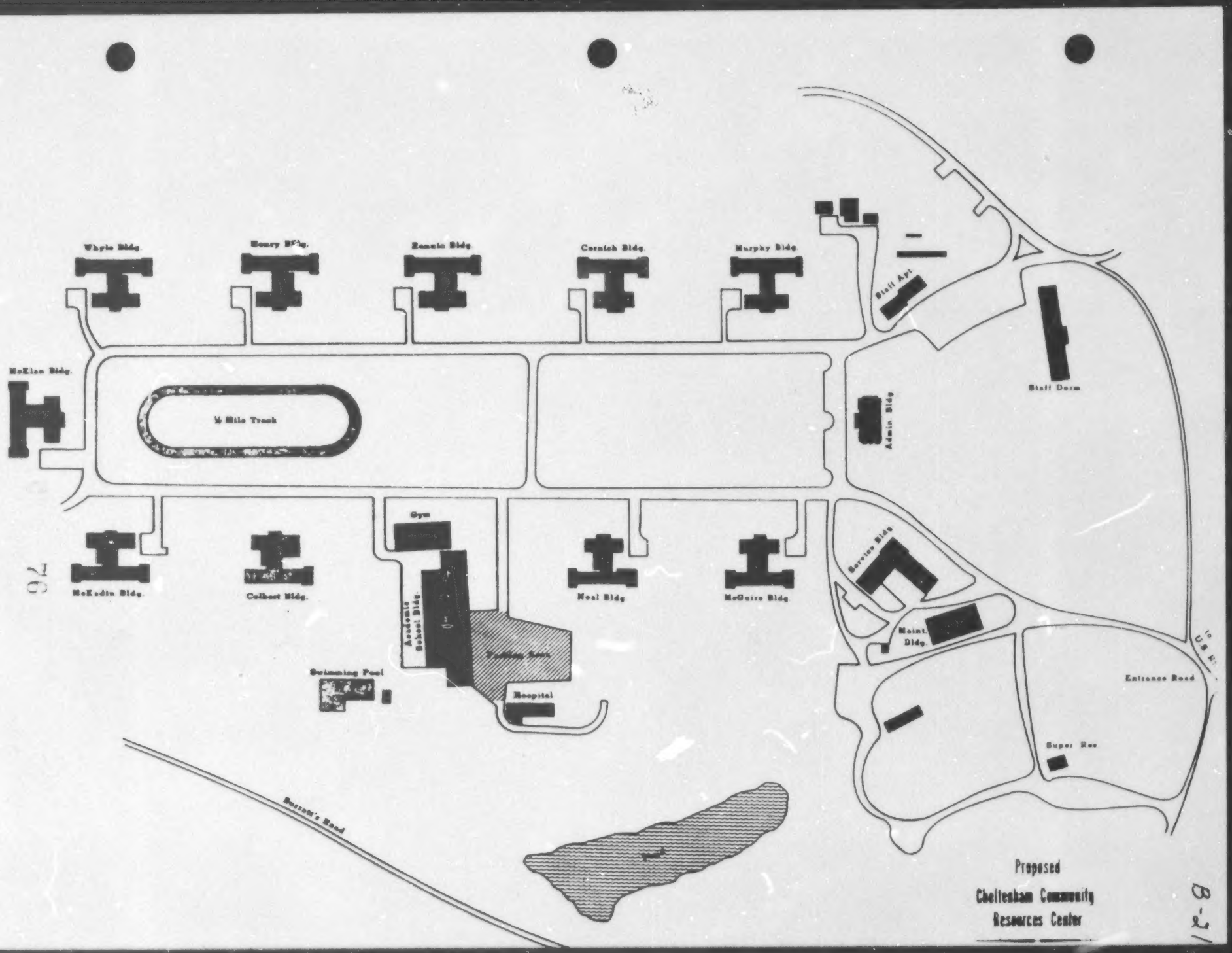
Attachment D portrayed a scheme for phasing in the various program components at the center. The Health Services and the Recreation Component are seen as starting immediately (July 1975) and at near full scale; therefore a phasing-in time line is not applicable. Obviously, the recommended time lines for program implementation are dependent upon the negotiations and the time when funds are authorized and available.

4. Hiring of Personnel

This will take place according to the scheme depicted in Attachment D. The Health and Recreation staff will be hired in July. The Task Force has unanimously recommended the employment of the Center Director and some clerical assistants as soon as possible; hopefully this can take place before the start of the next fiscal year.

5. Screening of Students for the Programs

The screening process will begin during the summer months for the students in the Psychoeducational Treatment Center. Some preliminary work has already taken place. Screening for the other program components will get under way in September.


Whyte Bldg.
Emery Bldg.
Ennals Bldg.
Cornish Bldg.
Murphy Bldg.
Staff Apt.
McKlen Bldg.
¼ Mile Track
Staff Dorm
Admin Bldg.
Gym
Service Bldg.
McKadin Bldg.
Colbert Bldg.
Academic School Bldg.
Neal Bldg.
McGuire Bldg.
Maint. Bldg.
Swimming Pool
Hospital
Entrance Road
Super Rec
Boston's Road
Proposed
Cheltenham Community
Resources Center

Task Force Membership

Name	Agency
Richard Dunne, Chairman	Office of Handicapped
Bill Amonette	Citizens' Advisory Panel, Boys' Village
Sanford Bienen	Bureau Mental Health
Tony Bors	P. G. County Health Department
June Campbell	Department of Social Services
Jim Dedes	Department of Juvenile Services
Bob Dunne	Department of Social Services
Edward Felegy	P. G. County Schools
Hank Gromada	Child Advocacy
Phil Hudson	P. G. Community College
Bonnie Johns	Technical Resource Committee
Karen Littman	Md. National Capital Park and Planning
Marian Lobdell	Mental Health Advisory Committee
Sue Parker	Juvenile Services
Jack Pepper	P. G. County Health Dept.
Margene Reeder	P. G. County Schools
Jean Scammon	Mental Health Association
Mary Schanberger	P. G. County Schools
Rose Smith	Vocational Rehabilitation
Fred Thompson	Juvenile Services
Mel Vincent	Department of Social Services

Center and Resource Staff

Budget Estimate - Revised #2

	Full	Staged*	Full	Staged*
Salaries and Wages			$178,600	$156,800
Center Director	$ 30,000	$ 30,000		
Staff Assistant	16,000	16,000		
Media Specialist	15,000	12,500		
Speech Therapist	14,000	11,500		
P. E. Teacher	14,000	11,500		
P. E. Assistant	9,600	4,800		
.5 Psychologist-Vocational Evaluator	10,000	10,000		
.5 Motor Development	7,000	7,000		
Art Teacher	14,000	11,500		
Music Teacher	14,000	11,500		
1 Secretary	12,500	12,500		
3 Clerk-Typists	22,500	18,000		
Fringe Benefits (15%)			26,790	23,520
Supplies and Materials			12,900	12,900
Other Operating Expenses			7,500	7,500
Equipment and Furniture			12,000	12,000
Contracted Services			3,000	3,000
Plant Operation			30,000	30,000
Total			$270,790	$245,720
**Pupil Transportation (for all programs)			160,000	120,000
**Renovations			30,000	30,000

* Staged = showing the effects of phasing in programs

** Listed separately because of the nature of the category

Psychoeducational Treatment Center
for Children and Adolescents (12 months)
(24 children and 48 adolescents)

Budget Estimate - Revised #2

			Full	Staged*
Salaries and Wages	Full	Staged*	$647,600	$498,400
Program Administrator	$ 25,000	$ 25,000		
12 Teachers	198,000	154,000		
9 Instructional Aides	86,400	71,200		
6 Therapists	114,000	80,750		
1 Psychiatric Nurse (full-time)	14,000	12,800		
2 Psychiatric Nurses (pt.-time)	11,200	10,250		
8 Mental Health Associates	80,000	56,000		
7 Mental Health Associates (pt-time)	26,000	19,800		
3 Night Supervisors	30,000	23,300		
7 Night Aides	56,000	41,300		
Substitutes	5,000	4,000		
Fringe Benefits (15%)			96,300	74,160
Supplies and Materials			18,000	16,000
Other Operating Expenses			4,200	4,200
Equipment and Furniture			11,000	11,000
Contracted Services			25,000	25,000
Plant Operation			105,000	95,000
Food Services			32,000	22,000
Total			$939,190	$745,760
**Renovations			50,000	50,000

* Staged = showing the effects of phasing in programs
** Listed separately because of the nature of the category

Learning Laboratory

Budget Estimates - Revised #2

(30 Children - 10 months)

	Full	Staged*	Full	Staged*
Salaries and Wages			$120,000	$ 46,500
Coordinator-Resource Teacher	$ 20,000	$ 15,000		
Elementary Counselor	15,000	10,000		
6 Teachers	84,000	21,000		
Substitutes	1,000	500		
Fringe Benefits (15%)			17,850	6,900
Supplies and Materials			7,500	3,000
Other Operating Expenses			1,500	800
Equipment and Furniture			4,600	2,600
Contracted Services			1,000	500
Plant Operations			35,000	9,000
Food Services			5,400	1,500
Total			$192,850	$70,800
**Renovations			10,000	5,000

* Staged = showing the effects of phasing in programs

** Listed separately because of the nature of the category

Alternative Education Program

Budget Estimates - Revised #2

(40 adolescents - 10 months)

			Full	Staged*
Salaries and Wages	Full	Staged*	$150,000	$124,250
Program Coordinator	$ 21,000	$ 19,250		
Curriculum Development/ Resourse Specialist	16,000	16,000		
Counselor	19,000	19,000		
4 Teachers	56,000	42,000		
4 Instructional Aides	32,000	24,000		
Substitutes	6,000	4,000		
Fringe Benefits (15%)			21,600	18,038
Supplies and Materials			10,000	5,000
Other Operating Expenses			2,300	1,500
Equipment and Furniture			6,500	6,500
Contracted Services			1,000	500
Plant Operations			50,000	25,000
Food Services			7,200	3,600
	Total		$248,600	$184,388
**Renovations			10,000	10,000

* Staged = showing the effects of phasing in programs

** Listed separately because of the nature of the category

Vocational Component

Budget Estimates - Revised #2

(60 adolescents - 10 months)

			Full	Staged*
Salaries and Wages	Full	Staged*	$128,000	$ 75,750
Program Coordinator	$ 21,000	$ 17,500		
Job Placement Coordinator	19,000	14,250		
Counselor	19,000	9,500		
4 Teacher-Vocational	48,000	24,000		
4 Aides - Vocational	20,000	10,000		
Substitutes	1,000	500		
Fringe Benefits (15%)			19,050	11,288
Supplies and Materials			5,000	2,500
Other Operating Expenses			2,450	1,500
Equipment and Furniture			70,500	70,500
Contracted Services			1,000	500
Plant Operations			50,000	25,000
Food Services			$ 7,200	3,600
Total			$283,200	$190,638
**Renovations			20,000	20,000

* Staged = showing the effects of phasing in programs

** Listed separately because of the nature of the category

Health Services

Budget Estimates - Revised #3

(No staging for this component)

Salaries and Wages		$218,500
Physician	$ 60,000	
Administrative Nurse	16,000	
Supervisory Nurse	13,500	
5 Staff Nurses	55,000	
2 Licensed Practical Nurses	19,000	
5 Health Assistants	40,000	
2 Clerk-Typists	15,000	
Fringe Benefits (15%)		32,775
Supplies and Materials		10,000
Other Operating Expenses		3,000
Equipment and Furniture		4,000
Contracted Services		6,000
Plant Operations		35,000
	Total	$309,275
**Renovations		5,000

** Listed separately because of the nature of the category

Recreation Component

Budget Estimates - Revised #2

(No staging for this component)

Salaries and Wages		$ 11,046
Recreation Coordinator	$ 11,046	
Fringe Benefits (15%)		1,657
Supplies and Materials		100
Other Operating Expenses		100
Equipment and Furniture		600
Contracted Services		200
Total		$ 13,703

Total Programs/Services

Budget Estimates - Revised #2

	Full	Staged*
Salaries and Wages	$1,453,746	$1,131,246
Fringe Benefits (15%)	216,112	168,338
Supplies and Materials	63,500	49,500
Other Operating Expenses	21,050	18,600
Equipment and Furniture	109,200	107,200
Contracted Services	37,200	35,700
Plant Operation	305,000	219,000
Food Services	51,800	30,700
Pupil Transportation	160,000	120,000
Renovations	125,000	120,000
Total	$2,542,608	$2,000,284

* Staged - showing the effects of phasing in programs

Time Line - FY 76

	July	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	March	April	May	June	July
Center and Resource Staff	Hire: Center Dir. Staff Asst. Secretary Clerk-Typist		Hire: Media Specialist Speech Therapist P. E. Teacher Art Teacher Music Teacher				Hire: Psych.-Voc Eval. P. E. Asst. Motor Develop. Specialist Clerk-Typist						
Psycho-educational Treatment Center	Hire: Program Administrator	Hire: Clerk-Typist Hire: 3 Teachers 3 Therapists 7 Aides 1 Psy RN (full-time) 2 Psy RN (pt.-time)	4 MHAs (full-time) 4 MHAs (pt.-time) 2 Night Supervisors 4 Night Aides				Hire: 3 Therapists 4 Teachers 2 Aides 4 MHAs (full-time) 3 MHAs (pt.-time)	1 Night Supervisor 3 Night Aides					
		Pre-service Training	Students: 12 Children-day 12 Adolescents-day 12 Adolescents-residential				Pre-Service Training	Students; 12 Children (some residential) 12 Adolescents-day 12 Adolescents-residential					

D-1

Time Line - FY 76

	July	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	March	April	May	June	July
Alternative Educational Program		Hire: Program Coordinator	Hire: Curriculum/Resource Spec. Counselor 2 Teachers 2 Aides				Hire: 2 Teachers 2 Aides						
			Pre-service Training	Students=20			Pre-service Training	Students= 20					
Vocational Component			Hire: Program Coordinator				Hire: Counselor 4 Teachers 4 Aides						
				Hire: Job Placement Coordinator			Pre-service Training	Students=60					
Learning Laboratory				Hire: Coordinator			Hire: 3 Teachers	Students=15					
					Hire: Counselor		Pre-service Training						

Cheltenham Staff (Budget) Revised #2
Analysis by area of function

Program Administration (10.1%)

1 Center Director	$ 30,000
1 Staff Assistant	16,000
4 Program Coordinators	87,000
1 Administrative Nurse	16,000
Fringe (15%)	22,350
	$171,350

Health Services (13.0%)

1 Physician	$ 60,000
1 Assistant Supervisory Nurse	13,500
5 Registered Nurses	55,000
2 Licensed Practical Nurses	19,000
5 Health Assistants	40,000
Fringe (15%)	28,125
	215,625
Per Diem Services (Dentist, Nutritionist, etc.)	5,000
	$220,625

Office Staff (3.4%)

1 Secretary	$ 12,500
5 Clerk-Typists	37,500
Fringe (15%)	7,500
	$ 57,500

Education (48.1%)

29 Teachers	$428,000
18 Instructional Aides	148,000
3 Counselors	53,000
1 Curriculum Development/ Resource Specialist	16,000
1 Media Specialist	15,000
1 Speech Therapist	14,000
1 Job Placement Coordinator	19,000
.5 Motor Development Specialist	7,000
Fringe (15%)	105,000
	805,000
Substitutes	13,000
	$818,000

Mental Health (24.7%)

6 Therapists	$114,000
.5 Psychologist-Vocational Evaluator	10,000
1.8 Psy. Nurses	25,200
3 Night Supervisors	30,000
7 Night Aides	56,000
8 Mental Health Associates	80,000
7 " " " (pt.-time)	28,000
Fringe (15%)	51,480
	394,680
Psychiatrict (contractual)	25,000
	$419,680

Recreation (0.7%)

Recreation Coordinator	$ 11,046
Fringe (15%)	1,657
	$ 12,703

Total = $1,699,858

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POSSIBLE REVENUE ANALYSIS ***

Summary and Analysis of
Potential Sources of Funds

Program/Service	FY 76 Request	Potential Source	Amount Full	Amount Staged*	Percent of Total Full	Percent of Total Staged*
1. Center and Resource Staff	$ 270,790(full) 245,720(staged*)	DHMH DSS	$ 208,790 62,000 270,790	$ 192,720 53,000 245,720	77.1 22.9	78.4 21.6
2. Psychoeducational Treatment Center	$ 939,190(full) 745,760(staged*)	DHMH MSDE DSS ED MHB	$ 455,190 222,000 167,000 76,000 19,000 $ 939,190	$ 336,440 190,600 135,000 64,720 19,000 $ 745,760	48.5 23.6 17.8 8.1 2.0	45.1 25.6 18.1 8.7 2.5
3. Learning Laboratory	$ 192,850(full) 70,800(staged*)	MSDE ED	$ 140,000 52,850 $ 192,850	$ 52,300 18,500 $ 70,800	72.6 27.4	73.9 26.1
4. Alternative Education Program	$ 248,600(full) 184,388(staged*)	ED MSDE DHMH	$ 158,600 50,000 40,000 $ 248,600	$ 114,388 40,000 30,000 $ 184,388	63.8 20.1 16.1	62.0 21.7 16.3
5. Vocational Component	$ 283,200(full) 190,638(staged*)	ED MSDE	$ 153,200 100,000 30,000 $ 283,200	$ 105,638 70,000 15,000 190,638	54.1 35.3 10.6	55.4 36.7 7.9
6. Health Services	$ 309,275(full)	DHMH	$ 309,275		100	
7. Recreation Component	$ 13,703(full)	MNPPC	$ 13,703		100	
8. Pupil Transportation	$ 160,000(full) 120,000(staged*)	MSDE ED	$ 136,000 24,000 $ 160,000	$ 102,000 18,000 $ 120,000	85.0 15.0	85.0 15.0
9. Renovations	$ 125,000(full) 120,000(staged*)	DHMH	$ 125,000	120,000	100.0	100.0
10. Total Program and Services	$2,542,608(full) 2,000,284(staged*)	DHMH MSDE DSS ED MHB MNPPC	$1,168,255 648,000 229,000 464,650 19,000 13,703 $2,542,608	$1,003.435 454,900 188,000 321,246 19,000 13,703 $2,000,284	45.9 25.5 9.0 18.3 0.7 0.5	50.2 22.7 9.4 16.1 0.9 0.7

* Staged = Showing effects of phasing in programs

*** This schema represents one possible formulation of prorating the costs to the agencies involved; the rationale for this formulation required detailed description in order to be fully understood.

Analysis

DHMH

Full		Staged	
$ 663,980	= $9,222 per student for 72 students (1 & 2)	$ 529,160	= $7,349 per student for 72 students (1 & 2)
70,000	= $875 per student for 80 students (4 & 5)	45,000	= $563 per student for 80 students (4 & 5)
309,275	= Health Services**	309,275	= Health Services**
125,000	= Renovations (9)	120,000	= Renovations (9)
$1,168,255	= Total	$1,003,435	= Total

MSDE

$ 222,000	= $3,083 per student for 72 students (2)	$ 190,600	= $2,647 per student for 72 students (2)
140,000	= $4,667 per student for 30 students (3)	52,300	= $3,487 per student for 15 students (3)
150,000	= $1,875 per student for 80 students (4 & 5)	110,000	= $1,375 per student for 80 students (4 & 5)
136,000	= 85% of transportation costs (8)	102,000	= 85% of transportation costs
$ 648,000	= Total	$ 454,900	= Total

DSS

$ 229,000	= $9,542 per student for 24 students (1 & 2)	$ 188,000	= $7,833 per student for 24 students (1 & 2)

ED

$ 76,000	= $1,056 per student for 72 students (2)	$ 64,720	= $ 899 per student for 72 students (2)
52,850	= $1,762 per student for 30 students (3)	18,500	= $1,233 per student for 15 students (3)
158,600	= $3,965 per student for 40 students (4)	114,388	= $2,860 per student for 40 students (4)
153,200	= $3,830 per student for 40 students (5)	105,638	= $2,641 per student for 40 students (5)
24,000	= 15% of transportation costs (8)	18,000	= 15% of transportation costs(8
$ 464,650	= Total	$ 321,246	= Total

Key

DHMH = State Department of Health and Mental Hygiene
(includes: Mental Health Administration and Department of Juvenile Services)
MSDE = State Department of Education
(includes: Division of Special Education and Vocational-Technical Programs)
DSS = State Department of Social Services
ED = Prince George's County Board of Education
MHB = Mental Health Bureau (Prince George's County Health Department)
MNPPC= Recreation Department of the Maryland National Park and Planning Commission

** $140,580 is for Health Services for 50-60 adolescents in the Regional Detention Center and is not directly for students in programs/components of the Cheltenham Project.

Summary of Target Populations

(Estimates of Potential Availability)

Program	Number to be Served	Data on Potential Need
1. Psychoeducational Treatment Center	24 children 48 adolescents 72 students (total)	106 Excess Cost Students in FY75 (ED) 360 Regular Aid students in FY75 (ED) 87 DSS - Purchase of Care 25 DJS - Purchase of Care 25 Spring Grove patients (average number)
2. Learning Laboratory	30 children	1 or 2 students in each of the County's 171 elementary schools with problems indicative of future, more serious difficulty with adjustment (educational, social and emotional)
3. Alternative Education Program	40 adolescents	1 to 3 students in each of the County's 41 junior high schools (estimate of principals) 65% of suspensions (short and extended) occur at junior high level
4. Vocational Component	40 to 60 adolescents	20 students from population for #1 and #3 Estimated needs for expansion of vocational programs, as evidenced in the planned expansion of Croom Vocational High School to more than double its capacity of 100 students (CIP budget request for FY77) Few vocational/prevocational alternatives at junior high level

Dissemination Requests

Dr. H. Gerthon Morgan
Dir., Institute for Child Study
College of Education
University of Md.
College Park, Md. 20740

Mr. George W. Zocklein
Field Representative
Kentucky Manpower Development, Inc.
412 Executive Park
Louisville, Ky. 40207

A. R. Thorum, Ph.D.
Olympus Research Corp.
1685 Chevy Chase Dr.
Brea, Calif. 92621

Mrs. Eleanor D. Romberg
Coordinator of Children's Services
The Mental Health Assoc. of Westchester County, Inc.
29 Sterling Ave.
White Plains, N. Y. 10606

Ms. Marie T. Cotter
Librarian, Wheelock College
Library -- 132 Riverway
Boston, Mass. 02215

Dr. Edgar Klugman, Chairman
Teacher Education Dept.
Wheelock College
45 Pilgrim Rd.
Boston, Mass. 02215

Dr. David M. Gottesman
Dept. of Mental Hygiene
State of New York
133 Madison Ave.
Albany, N. Y. 12202

Miss Susan Nibe
Coordinator of Services to the Handicapped
Community Action Planning Council of Jefferson County, Inc.
17-19 the Arcade
Watertown, N. Y. 13601

Ms. Nancy Kay Walton
State Documents Librarian
Md. Room - Univ. of Md.
McKeldin Library
College Park, Md. 20740

Mr. Don Clardy, DDS Coordinator
Mountain Comprehensive Care Center
Front Ave.
Prestonburg, Ky. 41653

Ms. Nelle D. Wheeler
Dir., Child Advocacy
Fla. Mental Health Institute
13301 N. 30th St.
Tampa, Fla. 33612

John J. Cook, Ph.D., Dir.
Great Lakes Area Regl. Resource Cente
Coordinator, Research Design and Adm.
Dept. of Public Instruction
126 Langdon St.
Madison, Wis. 53702

Mr. J. Silden, Planning Assoc.
Social Planning Council of Winnipeg
501-177 Lombard Ave.
Winnipeg, Manitoba R3B OW 6
Canada

Mr. Don Milligan, M.S.W.
Dept. of Social and Health Services
Indian Desk - P. O. Box 1783
Olympia, Wash. 98504

Miss N. Susan Southard, Regl. Dir.
Office for Children, Western Regl. Offi
Dept. of Human Resources
Council on Developmental Disabilities
Black Mountain, N. Car. 28711

Dissemination Requests

Mildred A. Disbrow, PH.D., Dir.,
Child Abuse Prediction Project SC-74
University of Washington
School of Nursing
Seattle, Wash. 98195

Robert Paul Liberman, M.D.
Camarillo-NPI Research Program
Box A
Camarillo, Calif. 93010

Larry G. Newby, Research Associate
The Ohio State University
Mershon Center
1250 Chambers Rd., Suite 130
Columbus, Ohio 43212

Harold Iwashica, Ed.D.
Community Mental Health Center of Fulton-McDonough Counties
205 W. Walnut
Canton, Ill. 61520

Paul Christnerud
Dept. of Psychological Services
Oxford Mental Health Centre
Box 310
Woodstock, Ontario
N4S 7X9 - Canada

Mimi Scheiber, Mental Health Dept.
Hahnemann Medical College & Hospital
314 N. Broad St.
Phila., Pa. 19102

Dr. Louise Donnee, Dept. of Psychology
Brooklyn College
Brooklyn, N.Y. 11210

Sybil Herschbein
Secretary to Dr. Bernstein
Citizens' Committee for
Children of New York, Inc.
2 Park Ave.
New York, N. Y. 10016

Training Resources Center
Institute for the Study of Mental Retardation and Related Disabilities
130 S. First St.
Ann Arbor, Mich. 48108

Doug Knight, Staff Research Analyst
Department of Youth Authority
Youth Development and Delinquency Prevention Project
2401 American River Dr., Suite 3
Sacramento, Calif. 95825

David M. Gersh, M.S., Program Dir.
The Village - Comprehensive Rehabilitation Programs
5828 N. E. Miami Place
Miami, Fla. 33137

Daisy Jacobs, Maternal & Child Health
Reference Collection-School of Public Health
1420 Washington Hts.
Ann Arbor, Mich. 48104

Bruce L. Bachelder, Ph.D.
Director of Habilitation Unit
WESTERN CAROLINA CENTER
Enola Rd.
Morganton, N. C. 28655

D-1

March 17, 1975

The Honorable Winfield M. Kelly
County Executive
Prince George's County Courthouse
Upper Marlboro, Maryland 20870

Dear Mr. Kelly:

On February 13, 1975 our Board of Education regretfully deleted from the Superintendent's FY 1976 Budget Proposal funding for the Child Advocacy Program.

This program, which has operated with the assistance of federal funds since 1972, has proven to be of real value to the children and communities of the Baden-Brandywine area which received the main focus of its efforts, and to the school system and other county agencies as a whole. The program is ineligible for further federal grant assistance, and thus at this point in time appears to be effectively headed for termination lacking other suitable funding.

Inasmuch as the Child Advocacy Program, from its inception, has emphasized broad and collective interagency responsibility in identifying and meeting the needs of children and youth, the Board of Education has undertaken, by virtue of the attached resolution, to ask your office to consider alternative placement of the program in another county agency.

I would be pleased to ask the appropriate members of our staff to discuss this with you at your convenience, should you so indicate.

Thanking you for your attention to this matter, I remain,

Sincerely,

ORIGINAL SIGNED BY C. W. HASSEL

Carl W. Hassel
Superintendent of Schools

CWH:FMF:s

Enclosure

cc: Dr. Robert Shockley
Mr. Edward M. Felegy
Mr. Henry Gromadn
Mr. Chester E. Whiting

PR. GEO'S CO. PUB. SCH.
RECEIVED
MAR 25 1975
BY

D-2

PRINCE GEORGE'S COUNTY

Courthouse
Upper Marlboro, Maryland 20870
(301) 627-3000

WINFIELD M. KELLY, JR.
County Executive

PR. GEO'S CO. PUB. SCH.
RECEIVED
APR 18 1975
BY

April 15, 1975

Dr. Carl W. Hassel
Superintendent of Schools
Prince George's County
Upper Marlboro, Maryland 20870

Dear Dr. Hassel: /Carl,

Thank you for your recent letter advising me of the Board of Education's decision not to fund the Child Advocacy Program and suggesting that the County government might wish to continue to finance this program for FY 1976. As you know, the provision of a quality education to each child in the County is one of the highest priorities of my administration and my proposed budget reflects this fact. Whereas, the County budget for FY 1976 went from $371,263,621 to $385,803,970, an increase of 3.9%, my recommended budget for the Board has gone from $194,473,853 to $207,664,000, an increase of $13,190,147 or 6.8%.

In reading the description and goals of the Child Advocacy Program, it appears that this pro am addresses itself to the children in the public school system. As such, it is appropriate, if this program is to be financed, that the source of funding should come from the Board of Education. Given the very tight fiscal constraints under which the County must work in FY 1976, there are few areas in which the County will be able to undertake new initiatives.

Sincerely,

Winfield M. Kelly, Jr.

D-3

Route 1, Box 144
Aquasco, Maryland 20608
March 10, 1975

Mr. Winfield Kelly, County Executive
Prince George's County Court House
Upper Marlboro, Maryland 20870

Dear Mr. Kelly:

The following resolution was unanimously passed by the Prince George's County Board of Education on February 13, 1975:

> "The Board of Education, having regretfully deleted the Child Advocacy Program from its FY1976 budget due to its critical fiscal position, asks the County Executive to continue the program under county auspices so that its very real benefits may continue, and
>
> Be It Further Resolved that the Board of Education pledges its assistance to the Office of Coordination of Services to the Handicapped to seek a placement for this excellent program."

In behalf of the Child Advocacy Council which is composed of community leaders, ministers, school principals and representatives of various county services of the Baden area, I must say we have great concern over this loss. There is much unfinished business. The structure or model of operation in a united effort with the resources and services of our rural community pulling together to meet the extensive needs of the children here has been set, is working very well, and should be continued.

It was through the efforts of the Child Advocacy staff that the area ministerial organization was formed, the Greater Baden Medical Services was formed, the South County Day Care Center was formed, and alternative plans made to make early childhood education available to all preschool children through the Growing Together organizations. The massive Cheltenham proposal for a Community Resource Center in meeting the needs of mentally and physically handicapped children of Prince George's and neighboring counties was the effort and leadership primarily of Henry Gromada, Child Advocacy Director, and Dick Dunne, Office of the Handicapped Director. Rural Family Advocacy and Aging, from Family Services, the only United Appeal program in all of southern Prince George's County, received considerable impetus from Child Advocacy.

Henry Gromada, Child Advocacy Director, and Ethel Greenspan, Child Advocate, have had a tremendous impact on our community. They have exercised quiet but dedicated and unfailing leadership in pulling together our fragmented and often meek efforts here in rural Prince George's for the educational good of the children.

This model program, although involved in mental, social, health, and economic aspects of living as they have an impact on the educational climate of the children, is and should be primarily an educational program. The Board of

Education believes in the "very real benefits" yet cannot financially include "this excellent program" in its budget with the tight money situation. Can you not see that this program continues here as an educational program for all children?

The Child Advocacy budget is relatively small for the benefits realized. As a matter of fact, this program in the long run will save the county money.

The Child Advocacy Council does not feel this program belongs in the hands of the Office of the Handicapped because of the obvious limitations of scope. Continuity would be lost without the dedicated leadership of Hank Gromada and Ethel Greenspan, Board of Education employees.

Whatever you decide to do to continue this program, the Child Advocacy Council wants input into your decision and plans.

Every day I see and hear about new ways our part of the county is losing out again or getting dumped on (sludge and fly ash). The tight money situation has dictated that the dangerously narrow, and heavily dump truck trafficked State Road 381 was "deferred" from the State Roads Five Year Plan, the Board of Education dropped the federally funded Title III preschool education program, the County Board of Education is ending Child Advocacy when federal funding ends June 30, the Senior Citizen Hot Lunch program is in danger, the Clinton campus of Prince George's Community College is in limbo, no realistic housing plans are in the works to help the critical housing problems here, no transportation system is even remotely possible... WHY? Why does the little guy, the rural resident, the poor, the children always get the shaft first?

Our children need all the help they can get. Baden School Iowa Test Scores were second from the lowest in the entire county. Seventy-six percent of Orme Elementary School's kindergarten children are in the O:MA program.

We've been ignored here long enough. What little county services we have need not to be pulled from under us but expanded and strengthened. When such a program as Child Advocacy has been making the great strides it has in the past three years, why not continue it and save the county and taxpayers some money? HELP US!

Sincerely yours,

Anne F. Mychalus

Anne F. Mychalus

CC to all County Council members

D-5

PRINCE GEORGE'S COUNTY

Courthouse.
Upper Marlboro. Maryland 20870
(301) 627-3000

WINFIELD M. KELLY, JR.
County Executive

APR 3 1975

Mrs. Anne F. Mychalus
Route 1, Box 144
Aquasco, Maryland 20608

Dear Mrs. Mychalus:

Thank you for your letter concerning the Child Advocacy Program. I agree that the program has proven to be a very beneficial one. I sincerely wish a way could be found to continue the program beyond Fiscal Year 1975. However, in light of the County's very serious financial difficulties, I do not see how the Child Advocacy Program can be continued. The necessary funding is simply not available. I regret being unable to make a more favorable report on this matter.

If I can be of any further assistance, please do not hesitate to contact my office.

Sincerely,

Winfield M. Kelly, Jr.

D-6

PRINCE GEORGE'S COUNTY

Courthouse.
Upper Marlboro. Maryland 20870
(301) 627-3000

County Council
GERARD T. McDONOUGH
Councilman
Third District

March 13, 1975

Mrs. Anne F. Mychalus
Route 1 - Box 144
Aquasco, Maryland 20608

Dear Mrs. Mychalus:

Thank you for your detailed letter expressing your support for the Child Advocacy Program. You may be assured that I will keep your comments in mind when decisions are made on the budget proposals.

Your input is appreciated and I look forward to your recommendations on other issues of mutual concern.

Sincerely,

Gerard T. McDonough
Councilman

jm

Child Advocacy Management Survey

I am_____ and am working with the Child Advocacy Program in this area. Our program is interested in working together with people (like yourself) in the community to meet the needs of children and young people. As part of this planning, we would like to know your opinion (/view) about the needs of children and youth in this area. Do you have time to talk with me now? (If not) When would be a good time for me to come back? May I leave this (brochure) with you. It will tell you something about our program and give you our address and phone number if you would want to reach us.

Part I

What needs (of children and youth) do you see as important? (List any that are given spontaneously.) (For each need mentioned, ask:)

Question A: Can you tell me why you think this is an important need?

Question B: Do you know of anyone (including yourself) who is especially interested in this area?

Part II

Are there any (other) needs you can think of:

(1) in the area of education:

A.

B.

(2) in the area of community and community services:

A.

B.

(3) in the area of home and family life:

A.

B.

(4) anything involving work and job opportunities:

A.

B.

A. Can you tell me why you think this is an important need?

B. Do you know of anyone (including yourself) who is especially interested in this area?

Part III

Many ideas have been suggested for making our community a better place for bringing up our children and youth. Some of these may be very important and very much needed, while others may not be desirable or at least not necessary. We would very much like to get your opinion about how important each of these is for our community.

This sheet (hand the rating sheet to the interviewees) contains a line with 5 points on it. Each point represents a different degree of need and importance that you might feel for the various ideas. "5" indicates the greatest need and importance, and "1" the least importance. For each idea suggested, I will ask you to choose the point on the line that most represents the way you feel about the idea. You might want to take a few moments to look at the scale. (Allow time.)

1. Some people have suggested that the community needs more recreational programs and activities for children and youth.

a. What do you think about the need for a swimming pool?

5 4 3 2 1

b. What about more playground with ball diamonds, tennis courts, and play equipment?

5 4 3 2 1

c. A teen center in the community?

5 4 3 2 1

d. Lessons in music, dancing, arts and crafts?

5 4 3 2 1

e. More activity groups for young people, such as: 4-H clubs, boy scouts, girl scouts, cub scouts, and campfire girls?

5 4 3 2 1

A.

B.

A. Can you tell me why you think this is an important need?

B. Do you know of anyone (including yourself) who is especially interested in this area?

2. Do you think there is a need for a service where young people and adults can go to get help?

a. Counseling for personal and family problems?

5 4 3 2 1

b. For drinking problems?

5 4 3 2 1

c. For drug problems?

5 4 3 2 1

d. Vocational guidance and employment counseling?

5 4 3 2 1

A.

B.

3. Do you feel our schools need:

a. More special programs for children with special needs (e.g., reading problems, learning problems, handicaps)?

5 4 3 2 1

b. Training opportunities for job skills; vocational education programs?

5 4 3 2 1

c. College level courses located closer to this area?

5 4 3 2 1

A.

B.

A. Can you tell me why you think this is an important need?

B. Do you know of anyone (including yourself) who is especially interested in this area?

4. Some people feel that there are not enough family doctors, pediatricians, and/or medical facilities in our community. They feel that more are needed. How do you feel about it?

5 4 3 2 1

A.

B.

5. Some people feel that more and better low-cost housing is an important need in our community. How do you feel about that?

5 4 3 2 1

A.

B.

6. Some believe that the community needs buses to get to various places (for work, shopping etc.) What do you think about that?

5 4 3 2 1

A.

B.

7. Some parents believe that they need a chance to learn how to be good parents and to learn more about child growth and development. How important do you believe a parent education program is for our community?

5 4 3 2 1

A.

B.

A. Can you tell me why you think this is an important need?

B. Do you know of anyone (including yourself) who is especially interested in this area?

8. The need for job opportunities (part-time and full-time) for young people has been mentioned. How do you feel about that?

5 4 3 2 1

A.

B.

9. It has been suggested that there is a need for education and training in homemaking skills involving nutrition and budgeting (managing money), especially for young parents. How important do you think that is?

5 4 3 2 1

A.

B.

10. Some people feel there is a need for nursery schools and/or day care centers to care for preschool children. How important do you think that is?

5 4 3 2 1

A.

B.

11. Some have suggested the need to do something for young people who drop out of school. What do you think of that?

5 4 3 2 1

A.

B.

A. Can you tell me why you think this is an important need?

B. Do you know of anyone (including yourself) who is especially interested in this area?

Demographic Information

Geographic location:

Census tract:

Age bracket of informant: (20-35) (36-51) (52-67) (over 67)

Sex: M F

Race: (as observed by interviewer)

Years as resident of community:

Number of children in home: _____

preschool: _____

elementary: _____

secondary: _____

above: _____

Name of interviewer: _____

11/27/73

5	4	3	2	1
Very important Very much needed for benefit of children and youth in our community Necessary for our community to have it	Somewhat important Would be beneficial but not absolutely necessary	O.K. Would be nice to have but not important or necessary	No opinion Not sure whether it would be good to have it or not Would not help or hinder children and youth in community	Wouldn't want it Community is better off without it Would do more harm than good